

**Department of Social Services
MO HealthNet Division**

**Fiscal Year 2020 Budget Request
Book 5 of 6**

Steve Corsi, Psy.D., Director

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Department Request Summary

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.400		MO HealthNet Administration					
	1	Core	234.70	12,749,339	20,883,270	2,729,399	36,362,008
	2	NDI- Pay Plan CTC	0.00	24,708	44,062	16,780	85,550
	13	NDI- Electronic Visit Verification	0.00	500,000	1,500,000	0	2,000,000
	8	NDI- MMIS Development Existing Sys	2.00	41,544	101,094	0	142,638
	6	NDI- MMIS Replacement & Admin	8.00	239,079	239,079	0	478,158
	14	NDI- Conduent Contract Amendment	0.00	225,000	225,000	0	450,000
	27	NDI- GEMT Cost Reports	0.00	0	425,000	425,000	850,000
	12	NDI- Prior Authorization Review	0.00	222,227	222,227	0	444,454
		<i>Total</i>	244.70	14,001,897	23,639,732	3,171,179	40,812,808
11.405		Clinical Services Program Management					
	1	Core	0.00	461,917	12,214,032	2,485,506	15,161,455
		<i>Total</i>	0.00	461,917	12,214,032	2,485,506	15,161,455
11.415		TPL Contracts					
	1	Core	0.00	0	4,250,000	4,250,000	8,500,000
		<i>Total</i>	0.00	0	4,250,000	4,250,000	8,500,000
11.420		Information Systems					
	1	Core	0.00	21,575,946	61,206,127	2,021,687	84,803,760
	8	NDI- MMIS Development Existing Sys	0.00	1,335,750	5,979,250	0	7,315,000
	6	NDI- MMIS Replacement & Admin	0.00	2,650,000	3,850,000	0	6,500,000
	15	NDI- Health Info Exchange	0.00	2,860,624	2,860,624	0	5,721,248
		<i>Total</i>	0.00	28,422,320	73,896,001	2,021,687	104,340,008
11.425		Electronic Health Records Incentives					
	1	Core	0.00	0	1,509,200	26,490,800	28,000,000
		<i>Total</i>	0.00	0	1,509,200	26,490,800	28,000,000

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.430		Money Follows the Person					
	1	Core	0.00	0	532,549	0	532,549
		<i>Total</i>	0.00	0	532,549	0	532,549
11.435		Pharmacy					
	1	Core	0.00	79,111,633	761,603,995	322,618,189	1,163,333,817
	7	NDI- MHD Cost-to-Continue	0.00	23,725,995	63,503,998	0	87,229,993
	22	NDI- GR Pickup Tobacco CTC	0.00	1,072,424	0	0	1,072,424
	11	NDI- Pharmacy PMPM-Specialty	0.00	16,770,028	31,423,861	0	48,193,889
	29	NDI- Asset Limit Phase-In	0.00	93,743	623,900	239,214	956,857
		<i>Total</i>	0.00	120,773,823	857,155,754	322,857,403	1,300,786,980
11.435		Pharmacy - Medicare Part D Clawback					
	1	Core	0.00	226,750,733	0	0	226,750,733
	7	NDI- MHD Cost-to-Continue	0.00	1,050,367	0	0	1,050,367
	9	NDI- Clawback Increase	0.00	3,985,026	0	0	3,985,026
		<i>Total</i>	0.00	231,786,126	0	0	231,786,126
11.435		Missouri Rx Plan					
	1	Core	0.00	3,039,439	0	2,788,774	5,828,213
		<i>Total</i>	0.00	3,039,439	0	2,788,774	5,828,213
11.440		Pharmacy FRA					
	1	Core	0.00	0	0	108,308,926	108,308,926
		<i>Total</i>	0.00	0	0	108,308,926	108,308,926
11.445		GR Pharmacy FRA Transfer					
	1	Core	0.00	38,737,111	0	0	38,737,111
		<i>Total</i>	0.00	38,737,111	0	0	38,737,111

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.450		Pharmacy FRA Transfer					
	1	Core	0.00	0	0	38,737,111	38,737,111
		<i>Total</i>	0.00	0	0	38,737,111	38,737,111
11.455		Physician Related Prof					
	1	Core	0.00	99,477,454	279,722,529	11,276,423	390,476,406
	7	NDI- MHD Cost-to-Continue	0.00	67,733,832	57,333,151	0	125,066,983
	22	NDI- GR Pickup Tobacco CTC	0.00	2,227,581	0	0	2,227,581
	31	NDI- Chiropractic Services	0.00	2,072,408	3,774,074	0	5,846,482
	48	NDI- Community Health Workers	0.00	1,496,445	2,804,055	0	4,300,500
	28	NDI- Asset Limit CTC	0.00	289,351	542,189	0	831,540
	29	NDI- Asset Limit Phase-In	0.00	364,487	682,979	0	1,047,466
		<i>Total</i>	0.00	173,661,558	344,858,977	11,276,423	529,796,958
11.455		Trauma Treatment					
	1	Core	0.00	500,000	750,000	0	1,250,000
		<i>Total</i>	0.00	500,000	750,000	0	1,250,000
11.455		Neonatal Abstinence Syndrome					
	1	Core	0.00	486,808	912,185	0	1,398,993
		<i>Total</i>	0.00	486,808	912,185	0	1,398,993
11.460		Dental					
	1	Core	0.00	627,005	3,766,919	919,935	5,313,859
	7	NDI- MHD Cost-to-Continue	0.00	486,358	52,555	0	538,913
	28	NDI- Asset Limit CTC	0.00	15,726	29,468	0	45,194
	29	NDI- Asset Limit Phase-In	0.00	10,262	19,228	0	29,490
		<i>Total</i>	0.00	1,139,351	3,868,170	919,935	5,927,456

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.465		Premium Payments					
	1	Core	0.00	87,263,154	176,777,094	0	264,040,248
	7	NDI- MHD Cost-to-Continue	0.00	0	498,060	0	498,060
	10	NDI - Medicare Premium Increase	0.00	9,142,886	17,802,993	0	26,945,879
	29	NDI- Asset Limit Phase-In	0.00	89,719	168,116	0	257,835
		<i>Total</i>	0.00	96,495,759	195,246,263	0	291,742,022
11.470		Nursing Facilities					
	1	Core	0.00	154,932,770	422,469,703	65,527,432	642,929,905
	7	NDI- MHD Cost-to-Continue	0.00	1,792,067	0	0	1,792,067
		<i>Total</i>	0.00	156,724,837	422,469,703	65,527,432	644,721,972
11.470		Home Health					
	1	Core	0.00	1,683,162	3,441,394	159,305	5,283,861
	29	NDI- Asset Limit Phase-In	0.00	1,792	3,358	0	5,150
		<i>Total</i>	0.00	1,684,954	3,444,752	159,305	5,289,011
11.475		Long Term Support Payments					
	1	Core	0.00	0	7,140,229	3,810,539	10,950,768
		<i>Total</i>	0.00	0	7,140,229	3,810,539	10,950,768
11.480		Rehab & Specialty Services					
	1	Core	0.00	82,898,963	169,367,482	26,620,851	278,887,296
	7	NDI- MHD Cost-to-Continue	0.00	12,545,953	10,201,294	0	22,747,247
	17	NDI- Hospice Rate (95%) CTC	0.00	1,838,193	3,444,425	0	5,282,618
	18	NDI- Hospice Rate Increase	0.00	130,613	244,743	0	375,356
	28	NDI- Asset Limit CTC	0.00	329,924	805,393	99,892	1,235,209
	29	NDI- Asset Limit Phase-In	0.00	237,916	578,902	71,028	887,846
		<i>Total</i>	0.00	97,981,562	184,642,239	26,791,771	309,415,572

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.480		Community Health Access Progrms					
	1	Core	0.00	486,850	912,143	0	1,398,993
		<i>Total</i>	0.00	486,850	912,143	0	1,398,993
11.480		NEMT					
	1	Core	0.00	14,141,287	33,378,561	0	47,519,848
	26	NDI- NEMT Actuarial Increase	0.00	732,815	1,385,147	0	2,117,962
	28	NDI- Asset Limit CTC	0.00	5,698	10,676	0	16,374
	29	NDI- Asset Limit Phase-In	0.00	22,478	42,119	0	64,597
		<i>Total</i>	0.00	14,902,278	34,816,503	0	49,718,781
11.485		Ground Emer Med Transport					
	1	Core	0.00	0	54,744,599	29,215,647	83,960,246
		<i>Total</i>	0.00	0	54,744,599	29,215,647	83,960,246
11.490		Complex Rehab Technology Products					
	1	Core	0.00	3,903,482	7,309,986	0	11,213,468
	29	NDI- Asset Limit Phase-In	0.00	1,608	3,013	0	4,621
		<i>Total</i>	0.00	3,905,090	7,312,999	0	11,218,089
11.495		Ambulance SRV Reim Allow Transfer					
	1	Core	0.00	20,837,332	0	0	20,837,332
		<i>Total</i>	0.00	20,837,332	0	0	20,837,332
11.500		GR Ambulance SRV Reim. Allow Transfer					
	1	Core	0.00	0	0	20,837,332	20,837,332
		<i>Total</i>	0.00	0	0	20,837,332	20,837,332

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.505		Managed Care					
	1	Core	0.00	351,284,027	1,322,825,737	258,453,187	1,932,562,951
	32	NDI- Managed Care Actuarial Inc	0.00	47,567,467	89,132,441	0	136,699,908
	30	NDI- Managed Care Phy Payments	0.00	0	1,749,375	933,592	2,682,967
	21	NDI- CHIP Enhanced GR Pickup	0.00	62,450,000	0	0	62,450,000
		<i>Total</i>	0.00	461,301,494	1,413,707,553	259,386,779	2,134,395,826
11.510		Hospital Care					
	1	Core	0.00	31,485,822	353,994,361	128,702,369	514,182,552
	7	NDI- MHD Cost-to-Continue	0.00	26,071,355	92,085,003	57,216,413	175,372,771
	28	NDI- Asset Limit CTC	0.00	124,982	1,555,526	705,159	2,385,667
	29	NDI- Asset Limit Phase-In	0.00	120,738	1,641,121	755,082	2,516,941
		<i>Total</i>	0.00	57,802,897	449,276,011	187,379,023	694,457,931
11.515		Physician Payments for Safety Net					
	1	Core	0.00	0	15,722,792	0	15,722,792
		<i>Total</i>	0.00	0	15,722,792	0	15,722,792
11.520		FQHC Distribution					
	1	Core	0.00	3,768,868	1,568,625	0	5,337,493
		<i>Total</i>	0.00	3,768,868	1,568,625	0	5,337,493
11.525		Health Homes					
	1	Core	0.00	4,899,935	13,237,830	2,241,778	20,379,543
		<i>Total</i>	0.00	4,899,935	13,237,830	2,241,778	20,379,543
11.530		Federal Reimbursement Allowance					
	1	Core	0.00	0	0	1,280,593,734	1,280,593,734
		<i>Total</i>	0.00	0	0	1,280,593,734	1,280,593,734

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.535		IGT Transfer					
	1	Core	0.00	0	0	96,885,215	96,885,215
	24	NDI- MHD Non-Count Transfer CTC	0.00	0	0	40,188,950	40,188,950
		<i>Total</i>	0.00	0	0	137,074,165	137,074,165
11.540		IGT Safety Net Hospitals					
	1	Core	0.00	0	23,765,348	14,375,498	38,140,846
		<i>Total</i>	0.00	0	23,765,348	14,375,498	38,140,846
11.545		IGT DMH Medicaid Programs					
	1	Core	0.00	0	500,077,646	180,569,348	680,646,994
	47	NDI - IGT DMH Authority	0.00	0	0	9,068,871	9,068,871
		<i>Total</i>	0.00	0	500,077,646	189,638,219	689,715,865
11.550		CHIP					
	1	Core	0.00	11,930,111	61,357,166	7,719,204	81,006,481
	7	NDI- MHD Cost-to-Continue	0.00	2,571,797	7,683,172	0	10,254,969
	32	NDI- Managed Care Actuarial Inc	0.00	1,917,947	5,956,368	0	7,874,315
	11	NDI- Pharmacy PMPM-Specialty	0.00	185,946	577,473	0	763,419
		<i>Total</i>	0.00	16,605,801	75,574,179	7,719,204	99,899,184
11.555		Show Me Babies					
	1	Core	0.00	3,731,999	11,968,028	0	15,700,027
	7	NDI- MHD Cost-to-Continue	0.00	4,986,950	15,082,245	0	20,069,195
	32	NDI- Managed Care Actuarial Inc	0.00	359,115	1,115,266	0	1,474,381
		<i>Total</i>	0.00	9,078,064	28,165,539	0	37,243,603
11.560		GR FRA Transfer					
	1	Core	0.00	653,701,378	0	0	653,701,378
		<i>Total</i>	0.00	653,701,378	0	0	653,701,378

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.565		FRA Transfer					
	1	Core	0.00	0	0	653,701,378	653,701,378
		<i>Total</i>	0.00	0	0	653,701,378	653,701,378
11.570		GR NFRA Transfer					
	1	Core	0.00	210,950,510	0	0	210,950,510
		<i>Total</i>	0.00	210,950,510	0	0	210,950,510
11.575		Nursing Facility Reimbursement Transfer					
	1	Core	0.00	0	0	210,950,510	210,950,510
		<i>Total</i>	0.00	0	0	210,950,510	210,950,510
11.580		Nursing Facility Quality Transfer					
	1	Core	0.00	0	0	1,500,000	1,500,000
		<i>Total</i>	0.00	0	0	1,500,000	1,500,000
11.585		Nursing Facility FRA					
	1	Core	0.00	0	0	351,448,765	351,448,765
	7	NDI- MHD Cost-to-Continue	0.00	0	0	4,124,248	4,124,248
		<i>Total</i>	0.00	0	0	355,573,013	355,573,013
11.590		School District Medicaid Claiming					
	1	Core	0.00	242,525	31,653,770	0	31,896,295
	16	NDI- School District Claiming	0.00	0	10,000,000	0	10,000,000
		<i>Total</i>	0.00	242,525	41,653,770	0	41,896,295
11.595		Blind Pension Medical Benefits					
	1	Core	0.00	24,655,738	0	0	24,655,738
	11	NDI- Pharmacy PMPM-Specialty	0.00	155,416	0	0	155,416
		<i>Total</i>	0.00	24,811,154	0	0	24,811,154

**DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2020 BRASS SECTION SUMMARY**

H.B. Sec.	Rank	Decision Item Name	2020 DEPARTMENT REQUEST				
			FTE	GR	FF	OF	Total
11.610		DSS Legal Expense Fund TRF					
	1	Core	0.00	0	0	0	0
		<i>Total</i>	0.00	0	0	0	0

<i>MHD Core Total</i>	234.70	2,146,315,298	4,359,063,300	3,855,938,842	10,361,317,440
<i>MHD NDI Total</i>	10.00	302,876,340	438,002,023	113,844,229	854,722,592
<i>Less MHD Non Counts</i>	0.00	(924,226,331)	(500,077,646)	(1,252,438,715)	(2,676,742,692)
<i>Total MHD</i>	244.70	1,524,965,307	4,296,987,677	2,717,344,356	8,539,297,340

Crossing Issues

MMIS - Replacement

NEW DECISION ITEM
RANK: 6 OF 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Replacement of Systems & Administrative Services

DI# 1886026

HB Section: 11.420, 11.400

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total E
PS	204,432	204,432		408,864
EE	2,684,647	3,884,647		6,569,294
PSD				
TRF				
Total	2,889,079	4,089,079	0	6,978,158
FTE	4.00	4.00	0.00	8.00

Est. Fringe	112,738	112,738	0	225,477
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total E
PS				
EE				
PSD				
TRF				
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Federally required system modernization	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund the replacement of the Medicaid Management Information System (MMIS) and additional project staff including eight Program Development Specialists and a web portal and provider directory, as required by 42 CFR 438.10, and system integration services.

NEW DECISION ITEM
RANK: 6 OF 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Replacement of Systems & Administrative Services

DI# 1886026

HB Section: 11.420, 11.400

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI is needed to fund the replacement of the Medicaid Management Information System (MMIS) and additional administrative services including eight staff at a Program Development Specialist level and a web portal and provider directory, as required by 42 CFR 438.10, and system integration services.

	GR	Fed	Other	Total	Match Rate
Enrollment Broker Implementation - provide a webportal and provider directory, required by CMS	2,500,000	2,500,000	0	5,000,000	50/50
8 FTE to provide support of the replacement of the MMIS.	239,079	239,079		478,158	50/50
System Integration Services -contractor to work with MHD on technical strategy for new MMIS modules	150,000	1,350,000	0	1,500,000	90/10
TOTAL	2,889,079	4,089,079	0	6,978,158	

MMIS Replacement

The core Medicaid Management Information System (MMIS) is the Fee-For-Service (FFS) claims and Managed Care encounter processing systems.

- The core system includes provider enrollment, drug rebate, provider payments, prior authorizations, analytics/reporting, and federal financial reporting. The DSS currently has contracts with two vendors – Wipro Infocrossing and Conduent Heritage – for the over 60 different systems and administrative services that comprise the MMIS.
- Built in the early 1980s for the FFS Medicaid Program, the core system is not flexible and requires significant development, cost, and time to implement new service delivery or payment models and in some cases is unable to support modern payment models (e.g. diagnosis related groupings)
- The processing of Managed Care encounters and capitation payments was added to the core system in the 1990s, but limitations in the FFS system prevent us from making full use of the encounter data.
- The core system is a COBOL mainframe solution. It is becoming increasingly difficult to find IT staff willing and able to develop in COBOL. The core system is operated by a very small group of contracted IT staff who have extensive knowledge of the system.
- The core system has been extensively customized for Missouri Medicaid which means that Missouri alone pays for all system modifications.

CMS provides enhanced funding with 90/10 funding for implementation costs and 75/25 for operations. Over the past six years, CMS has issued new guidance related to investments in these systems:

- Replace legacy claims processing systems with smaller modular solutions procured through numerous contracts from multiple vendors.
- Utilize commercial off-the-shelf solutions and build open source solutions that can be shared with other States and avoid solutions customized to a State.
- Implement flexible solutions that maximize configuration and minimize customization.
- CMS expects all States to replace legacy claims processing systems to continue receiving enhanced MMIS funding.

MHD has completed several Requests for Information and demos related to available systems and services and has verified that there are multiple vendors offering systems and services that:

- Are built on newer technologies
- Were built from the ground up to be configurable and flexible while supporting multiple service delivery and payment models
- Have been successfully implemented for other States

MHD recommends replacing the claims processing system and the related administrative services through the following RFPs:

1. Business Intelligence Solutions – Enterprise Data Warehouse

- Will provide a single source of truth for Missouri Medicaid data
- Will make Medicaid data more readily available to internal and external users
- Will enable more advanced reporting and analytics to identify opportunities for program efficiencies and innovations
- Will eventually be expanded to include data from other State programs
- Implementation started September 2018

2. Program Integrity Tools

- Reporting and analytics tools for detecting fraud, waste and abuse
- Improve the effectiveness of the program integrity functions
- Implementation started July 2018

3. Pharmacy Administrative

- Maximize drug rebate revenues
- Maintain preferred drug list and develop related program, policy, and claim edit recommendations

4. Health Information Network

- Enable exchange of electronic health information with providers to promote care management and care coordination and to improve patient outcomes
- See separate NDI

5. Managed Care Enrollment Broker

- Improve the participant enrollment experience by providing online tools to allow participants to compare health plans, search for providers, and access provider web sites
- Allow participants to receive letters and enrollment information online and complete all enrollment processes online
- Continue to allow participants to enroll via mail or phone
- Provide an online provider directory available to all Missouri citizens

6. Provider Enrollment

- Improve and further automate provider enrollment and revalidation processes through a web portal
- Improve provider screening and monitoring processes to validate provider credentials, history, and eligibility to participate in the Medicaid program

7. Pharmacy and Medical Prior Authorization and Professional Review Services

- Further automate the prior authorization of Medicaid services
- Consolidate the prior authorization systems and services under one contract to take advantage of expertise and efficiencies

8. Provider and Participant Call Centers

- Consolidate call centers under one contract to take advantage of expertise and efficiencies

9. Core MMIS Claims/Encounter Processing Solution

- Replace the core claims processing solution with a modern, scalable solution
- Implement a configurable solution that allows for quicker deployment of program changes
- Implement a modern claims processing solution that supports modern and innovative Medicaid service delivery and pricing models
- Improve program and financial reporting by capturing additional claim and encounter data and by allowing for financial categorization of costs better aligned with federal and state budgeting and reporting

10. Pharmacy Claims Adjudication and Drug Rebate

- Replace the pharmacy POS solution with a modern, scalable solution
- Implement a configurable solution that allows for quicker deployment of program changes

- Implement a modern claims processing solution that supports modern and innovative Medicaid service delivery and pricing models
- Maximize drug rebate revenues

Key Tasks Planned for State Fiscal Year 2019:

1. Start design, development and implementation of the Program Integrity Solution. – Implementation started July 2018
2. Start design, development, and implementation of the Business Intelligence Solutions – Enterprise Data Warehouse – Implementation started September 2018
3. Start a project to evaluate overlapping eligibility and develop a strategy for eliminating overlapping eligibility in the MMIS.
4. Start a project to document all benefit packages based on the build format in the modern MMIS solutions.
5. Procure a Managed Care Enrollment Broker solution and services and initiate implementation.
6. Procure Health Information Network services and initiate implementation. – RFP released in September 2018
7. Develop an MMIS certification strategy and team and train the staff. – Positions posted in September 2018
8. Continue documenting requirements to include in the MMIS, pharmacy and prior authorization RFPs.

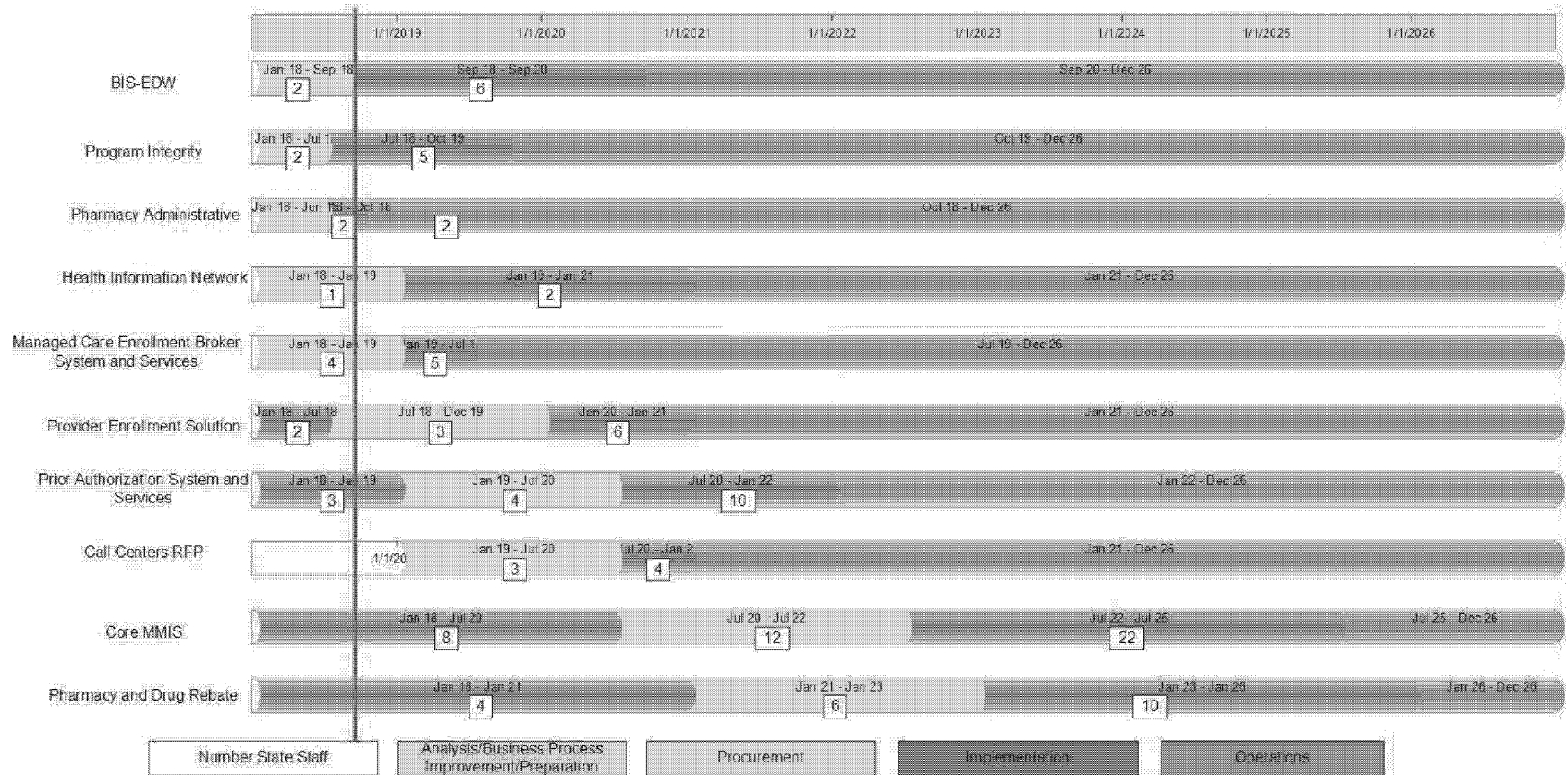


Missouri State Medicaid Agency

MMIS Replacement Projects

Projects related to the procurement and implementation of new and replacement MMIS and related systems and services.

September 2018



NEW DECISION ITEM
RANK: 6 OF 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Replacement of Systems & Administrative Services

DI# 1886026

HB Section: 11.420, 11.400

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Salaries & Wages (100)										
Program Development Specialists	204,432	4.0	204,432	4.0			408,864	8.0		
Total PS	204,432	4.0	204,432	4.0	0		408,864	8.0	0	
Office Equipment (580)	13,626		13,626				27,252		27,252	
Travel, In-State (140)	13,038		13,038				26,076			
Supplies (190)	4,224		4,224				8,448			
Professional Development (320)	2,455		2,455				4,910			
Communication Serv & Supp (340)	1,304		1,304				2,608			
Professional Services (400)	2,650,000		3,850,000				6,500,000			
Total EE	2,684,647		3,884,647		0		6,569,294		27,252	
Grand Total	2,889,079	4.0	4,089,079	4.0	0	0.0	6,978,158	8.0	27,252	

NEW DECISION ITEM
RANK: 6 **OF** 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Replacement of Systems & Administrative Services

DI# 1886026

HB Section: 11.420, 11.400

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)
--

6a. Provide an activity measure(s) for the program.

See Information Systems for program measures.

6b. Provide a measure(s) of the program's quality.

See Information Systems for program measures.

6c. Provide a measure(s) of the program's impact.

See Information Systems for program measures.

6d. Provide a measure(s) of the program's efficiency.

See Information Systems for program measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:
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N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
MMIS: Replacement and Admin - 1886026								
PROGRAM DEVELOPMENT SPEC	0	0.00	0	0.00	408,864	8.00	0	0.00
TOTAL - PS	0	0.00	0	0.00	408,864	8.00	0	0.00
TRAVEL, IN-STATE	0	0.00	0	0.00	26,076	0.00	0	0.00
SUPPLIES	0	0.00	0	0.00	8,448	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	0	0.00	4,910	0.00	0	0.00
OFFICE EQUIPMENT	0	0.00	0	0.00	27,252	0.00	0	0.00
OTHER EQUIPMENT	0	0.00	0	0.00	2,608	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	69,294	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$478,158	8.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$239,079	4.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$239,079	4.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS: Replacement and Admin - 1886026								
PROFESSIONAL SERVICES	0	0.00	0	0.00	6,500,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	6,500,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$6,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,650,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,850,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

MHD Cost to Continue

NEW DECISION ITEM
RANK: 7 **OF** 51

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886001

Budget Unit 90541C, 90543C, 90544C, 90546C, 90547C, 90549C, 90550C, 90552C, 88855C, 90556C, 90567C
HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.510, 11.555, 11.550, 11.585

1. AMOUNT OF REQUEST

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	140,964,674	246,439,478	61,340,661	448,744,813	
TRF					
Total	140,964,674	246,439,478	61,340,661	448,744,813	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Federal Reimbursement Allowance Fund (0142) - \$57,216,413
 Nursing Facility Reimbursement Allowance Fund (0196) - \$4,124,248

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD					
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are requested for estimated costs in the FY 2020 budget. These amounts are based on actual MO HealthNet program expenditures through August 2018 and historical trends, it is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2020. Programs with estimated shortfalls include: Pharmacy, Clawback, Physicians, Dental, Premium Payments, Nursing Facilities, Rehabilitation and Specialty Services, Hospital Care, Hospital Federal Reimbursement Allowance (FRA), Nursing Facility Reimbursement Allowance (NFRA), Children's Health Insurance Program (CHIP), and Show-Me Healthy Babies.

NEW DECISION ITEM
RANK: 7 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886001

Budget Unit 90541C, 90543C, 90544C, 90546C, 90547C, 90549C, 90550C, 90552C, 88855C, 90556C, 90567C
HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.510, 11.555, 11.550, 11.585

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Based on actual expenditures through August 2018 and historical trends, additional funding is needed in Fiscal Year 2020. The below table outlines the need to continue the Fiscal Year 2019 supplemental by program area.

	Department Request			
Pharmacy (11.435)	GR	Federal	Other	Total
Asset Limit (unfunded)	(2,229,503)	(4,177,665)	0	(6,407,168)
Additional Asset Limit Needed	(522,202)	(978,510)		(1,500,712)
Cost Containment Not Realized*	(14,731,754)	(27,604,522)	0	(42,336,276)
Specialty PMPM (unfunded)	(6,242,536)	(30,743,301)	0	(36,985,837)
Total Need	(23,725,995)	(63,503,998)	0	(87,229,993)

*Cost Containment items not fully realized in FY19 -savings are pending approval for State Regulation/SPA

Clawback (11.435)	GR	Federal	Other	Total
Clawback payment carried forward from FY18	(17,528,964)	0	0	(17,528,964)
CY19 CMS Rate Increase	(1,050,367)	0	0	(1,050,367)
CTC Difference - Payments will be current with the approval of the FY19 supplemental	17,528,964			17,528,964
Total Clawback	(1,050,367)	0	0	(1,050,367)

Physician Services (11.455)	GR	Federal	Other	Total
Asset Limit (unfunded)	(1,175,192)	(2,202,086)		(3,377,278)
Additional Asset Limit Needed	(108,993)	(204,233)		(313,226)
FY18 shortfall carried over into FY19	(31,431,859)	(58,897,361)		(90,329,220)
Certified Community Behavioral Health Clinic	(7,516,152)	(14,083,848)		(21,600,000)
Disease Management	(1,233,235)	(2,310,848)		(3,544,083)
Caseload/Utilization/Inflation in FY19	(26,268,402)	20,365,226		(5,903,176)
Lapse from other programs used to offset need	1,412,286	6,816,978		8,229,264
CTC Difference - Lapse not available in FY20	(1,412,286)	(6,816,978)		(8,229,264)
Total Physician Services	(67,733,832)	(57,333,151)	0	(125,066,983)

NEW DECISION ITEM

RANK: 7 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: MO HealthNet Cost to Continue

DI# 1886001

Budget Unit 90541C, 90543C, 90544C, 90546C, 90547C, 90549C, 90550C, 90552C, 88855C, 90556C, 90567C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.510, 11.555, 11.550, 11.585

	Department Request			
	GR	Federal	Other	Total
Dental Services (11.460)				
Asset Limit (unfunded)	(13,590)	(25,465)	0	(39,055)
Additional Asset Limit Needed	(13,980)	(26,197)		(40,177)
FY18 shortfall carried over into FY19	(785,876)	(484,339)	0	(1,270,215)
FY18 CTC not needed	327,088	483,446		810,534
Total Dental Services	(486,358)	(52,555)	0	(538,913)
Premium Payments (11.465)				
Asset Limit (unfunded)	(576,509)	(1,080,269)	0	(1,656,778)
Additional Asset Limit Needed	(115,975)	(217,314)		(333,289)
Unspent in FY18	692,484	799,523	0	1,492,007
Total Premium Payments	0	(498,060)	0	(498,060)
Nursing Facilities (11.470)				
FY18 shortfall carried over into FY19	(4,816,334)	0	0	(4,816,334)
FY18 CTC not needed	3,024,267	0	0	3,024,267
Total Nursing Facilities	(1,792,067)	0	0	(1,792,067)
Rehabilitation and Specialty Services (11.485)				
Asset Limit (unfunded)	(521,433)	(977,067)	0	(1,498,500)
Additional Asset Limit Needed	(203,023)	(380,428)		(583,451)
FY18 shortfall carried over into FY19	(10,231,309)	(8,606,781)		(18,838,090)
Caseload/Utilization/Inflation in FY19	(1,590,188)	(237,018)	0	(1,827,206)
Total Rehabilitation and Specialty Services	(12,545,953)	(10,201,294)	0	(22,747,247)
Hospital Care (11.510)				
Asset Limit (unfunded)	(2,476,985)	(4,641,403)	0	(7,118,388)
Additional Asset Limit Needed	(543,377)	(1,018,184)	0	(1,561,561)
FY18 CTC Requested	(8,151,584)	(49,141,449)	(57,216,413)	(114,509,446)
FY18 CTC Funded	17,129,733	32,097,881		49,227,614
Cost Containment Not Realized*	(10,058,634)	(18,847,979)		(28,906,613)
Caseload/Utilization/Inflation in FY19	(24,332,727)	(54,960,221)		(79,292,948)
CTC Difference - seven months of cost containment initiatives realized for Outpatient Drug	2,362,219	4,426,352		6,788,571
Total Hospital Care	(26,071,355)	(92,085,003)	(57,216,413)	(175,372,771)

*Cost Containment items not fully realized in FY19 -savings are pending approval for State Regulation/SPA

NEW DECISION ITEM

RANK: 7 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: MO HealthNet Cost to Continue

DI# 1886001

Budget Unit 90541C, 90543C, 90544C, 90546C, 90547C, 90549C, 90550C, 90552C, 88855C, 90556C, 90567C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.510, 11.555, 11.550, 11.585

Department Request				
	GR	Federal	Other	Total
Nursing Facility Reimb. Allow. (11.585)				
FY18 shortfall carried over into FY19	0	0	(6,859,814)	(6,859,814)
FY18 CTC not needed	0	0	2,735,566	2,735,566
Total Nursing Facility Reimbursement Allowance	0	0	(4,124,248)	(4,124,248)
CHIP (11.550)				
Specialty PMPM (unfunded)	(194,712)	(604,696)	0	(799,408)
MC Actuarial NDI (unfunded)	(240,578)	(747,137)	0	(987,715)
MCO Health Insurer Fee (unfunded)	(403,088)	(1,208,299)	0	(1,611,387)
MCO Withhold Release (unfunded)	(161,772)	(502,400)	0	(664,172)
Caseload	(1,571,647)	(4,620,640)	0	(6,192,287)
Total CHIP	(2,571,797)	(7,683,172)	0	(10,254,969)
SMHB (11.555)				
FY18 shortfall carried over into FY19	(3,616,454)	(10,789,388)	0	(14,405,842)
MC Actuarial NDI (unfunded)	(168,747)	(524,058)	0	(692,805)
MCO Health Insurer Fee (unfunded)	(201,832)	(605,011)	0	(806,843)
MCO Withhold Release (unfunded)	(78,450)	(243,636)	0	(322,086)
Caseload	(921,467)	(2,920,152)	0	(3,841,619)
Total SMHB	(4,986,950)	(15,082,245)	0	(20,069,195)
TOTAL	(140,964,674)	(246,439,478)	(61,340,661)	(448,744,813)

NEW DECISION ITEM
RANK: 7 **OF** 51

Department: Social Services

Division: MO HealthNet

DI Name: MO HealthNet Cost to Continue

DI# 1886001

Budget Unit 90541C, 90543C, 90544C, 90546C, 90547C, 90549C, 90550C, 90552C, 88855C, 90556C, 90567C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.510, 11.555, 11.550, 11.585

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	140,964,674		246,439,478		61,340,661		448,744,813		
Total PSD	140,964,674		246,439,478		61,340,661		448,744,813		0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6b. Provide a measure(s) of the program's quality.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6c. Provide a measure(s) of the program's impact.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6d. Provide a measure(s) of the program's efficiency.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	87,229,993	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	87,229,993	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$87,229,993	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$23,725,995	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$63,503,998	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,050,367	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,050,367	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,050,367	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,050,367	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	125,066,983	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	125,066,983	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$125,066,983	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$67,733,832	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$57,333,151	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	538,913	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	538,913	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$538,913	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$486,358	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$52,555	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	498,060	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	498,060	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$498,060	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$498,060	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,792,067	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,792,067	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,792,067	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,792,067	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	22,747,247	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	22,747,247	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$22,747,247	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,545,953	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,201,294	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	175,372,771	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	175,372,771	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$175,372,771	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$26,071,355	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$92,085,003	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$57,216,413	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	10,254,969	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	10,254,969	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$10,254,969	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,571,797	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,683,172	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	20,069,195	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	20,069,195	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$20,069,195	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$4,986,950	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$15,082,245	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
MHD Cost-to-Continue - 1886001								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,124,248	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	4,124,248	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,124,248	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$4,124,248	0.00		0.00

MMIS - Development

NEW DECISION ITEM
RANK: 8 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Development, Maintenance & Operations of Existing System

Budget Unit: 90522C, 90512C
DI# 1886025
HB Section: 11.420, 11.400

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total E
PS	29,775	89,325		119,100
EE	1,347,519	5,991,019		7,338,538
PSD				
TRF				
Total	1,377,294	6,080,344	0	7,457,638
FTE	0.50	1.50	0.00	2.00

Est. Fringe	15,378	46,135	0	61,514
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total E
PS				
EE				
PSD				
TRF				
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and</i>				

Other Funds

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Contract Price Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed for the Development, Maintenance, and Operation of the existing Medicaid Management Information System (MMIS). This NDI is needed to fund the claims processing upgrade to 7030 transactions, the current version of electronic health care administrative transactions. The rule to implement the 7030 transactions will fall under the Health Insurance Portability and Accountability Act of 1996, Part C Administrative Simplification Sections 1171-1179 and 45 CFR Part 162. This NDI is also needed to fund the increased costs related to the contract extensions for Infocrossing for services related to MMIS, and for Conduent for services related to the State of Missouri Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) system component of the MMIS. Finally, this NDI is needed to fund the Transform Medicaid Statistical Information System (T-MSIS) and 2 FTE to implement the program.

NEW DECISION ITEM
RANK: 8 OF 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Development, Maintenance & Operations of Existing System

DI# 1886025

HB Section: 11.420, 11.400

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI is needed for the Development, Maintenance, and Operation of the existing MMIS, as outlined below.

	FTE	GR	Fed	Other	Total	Match Rate
Upgrade claims processing transactions by implementation of the 7030 transactions which replaces the old 5010 transaction.	0.00	300,000	2,700,000	0	3,000,000	90/10
Increased cost of MMIS Wipro contract renewal included in original bid	0.00	374,500	695,500	0	1,070,000	65/35
Increased cost of MMIS Conduent contract renewal included in original bid	0.00	61,250	183,750	0	245,000	75/25
Upgrade to the FileNet Enterprise Content Manager (ECM) and Workflow System - maximizes file storage	0.00	500,000	1,500,000	0	2,000,000	75/25
Transform Medicaid Statistical Information System (T-MSIS) and the Medicaid Score Cards	0.00	100,000	900,000	0	1,000,000	90/10
FTE for T-MSIS - Management Analysis Specialist and Data Reporting/Analytics Manager	2.00	41,544	101,094	0	142,638	75/25 PS, 50/50 E&E
TOTAL	2.00	1,377,294	6,080,344	0	7,457,638	

NEW DECISION ITEM
RANK: 8 OF 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Development, Maintenance & Operations of Existing System

DI# 1886025

HB Section: 11.420, 11.400

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.										
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Salaries & Wages (100)										
Management Analysis Spec II (000553)	12,042	0.25	36,127	0.75			48,169	1.0		
Special Assistant Professional (008201)	17,733	0.25	53,198	0.75			70,931	1.0		
Total PS	29,775	0.5	89,325	1.5	0	0.0	119,100	2.0	0	
Office Equipment (580)	6,864		6,864				13,728		13,728	
Travel, In-State (140)	3,042		3,042				6,084			
Supplies (190)	986		986				1,972			
Professional Development (320)	573		573				1,146			
Communication Serv & Supp (340)	304		304				608			
Professional Services (400)	1,335,750		5,979,250				7,315,000			
Total EE	1,347,519		5,991,019		0		7,338,538		13,728	
Grand Total	1,377,294	0.5	6,080,344	1.5	0	0.0	7,457,638	2.0	13,728	

NEW DECISION ITEM
RANK: 8 OF 51

Department: Social Services

Budget Unit: 90522C, 90512C

Division: MO HealthNet

DI Name: MMIS Development, Maintenance & Operations of Existing System

DI# 1886025

HB Section: 11.420, 11.400

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)
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6a. Provide an activity measure(s) for the program.

See Information Systems for program measures.

6b. Provide a measure(s) of the program's quality.

See Information Systems for program measures.

6c. Provide a measure(s) of the program's impact.

See Information Systems for program measures.

6d. Provide a measure(s) of the program's efficiency.

See Information Systems for program measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:
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N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
MMIS: Development Existing Sys - 1886025								
MANAGEMENT ANALYSIS SPEC II	0	0.00	0	0.00	43,208	1.00	0	0.00
SOCIAL SERVICES MGR, BAND 1	0	0.00	0	0.00	63,126	1.00	0	0.00
TOTAL - PS	0	0.00	0	0.00	106,334	2.00	0	0.00
SUPPLIES	0	0.00	0	0.00	762	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	0	0.00	1,158	0.00	0	0.00
OFFICE EQUIPMENT	0	0.00	0	0.00	13,626	0.00	0	0.00
OTHER EQUIPMENT	0	0.00	0	0.00	1,230	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	16,776	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$123,110	2.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,312	0.20		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$110,798	1.80		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS: Development Existing Sys - 1886025								
PROFESSIONAL SERVICES	0	0.00	0	0.00	7,315,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	7,315,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,315,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,335,750	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$5,979,250	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Pharmacy PMPM Increase Specialty

NEW DECISION ITEM

RANK: 11 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase Specialty

DI# 1886033

Budget Unit: 90541C, 90556C, 90573C

HB Section: 11.435, 11.550, 11.595

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	17,111,390	32,001,334		49,112,724
TRF				
Total	17,111,390	32,001,334	0	49,112,724

FTE 0.00

Est. Fringe	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: <u>Inflation/Utilization</u>	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.

State statute: Section 208.201, RSMo; Federal Law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

NEW DECISION ITEM
RANK: 11 OF 51

Department: Social Services

Budget Unit: 90541C, 90556C, 90573C

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase Specialty

DI# 1886033

HB Section: 11.435, 11.550, 11.595

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD utilized the Express Scripts (ESI) Trend Report in support of the decision item.

Specialty drugs account for the majority of the projected increase in pharmacy expenditures, and treat complex chronic and/or life threatening conditions. Drugs are considered specialty drugs within MHD if the prescription cost is \$600 or more. Specialty drugs are often the first effective treatment of a condition. Many specialty products face little market competition and target a small patient population, thus they have a high cost per unit. Most specialty products are complex “biologics” and not easily copied; making introduction of generics a long, slow process. Typically, specialty drugs require special storage, handling, and administration. They may also require detailed patient instructions and adherence monitoring from qualified healthcare providers. Additionally, there is generally pent up demand for a specialty drug, making the first few years of use very expensive.

According to ESI, the major contributors in the increase in specialty spend is brand inflation and accelerating development of expensive, highly targeted therapies. The top specialty drug therapy classes are inflammatory conditions, oncology, multiple sclerosis, and HIV. The drug class for inflammatory conditions remained the most expensive with a 15.3% trend in the commercial market.

Highlights for these classes are:

Inflammatory Conditions - Inflation for brand drugs will continue, as biosimilar savings are not expected until after 2020.

Oncology – Higher Introductory prices for drugs that treat rare cancers will drive unit costs, as longer treatment duration and more oral therapies shifting to the pharmacy benefit will increase utilization.

HIV – These medications will have a high trend due to the shift from older TDF (tenofovir disoproxil fumarate) drugs to newer, often more expensive TAF (tenofovir alafenamide) combination therapies that have fewer side effects and equivalent effectiveness.

ESI indicates that the specialty drug spend is forecasted to increase 6.70% between CY 2018 and CY 2020. The commercial drug spend for specialty medications was 40.8% in FY 17. The percent of specialty in the MHD expenditure has been 44.5% for FY15, 49.1% in FY16, 51.2% in FY17, and 55.4% in FY18 but is expected to grow to 59.5% in FY20. The difference in the specialty rates between MHD and the commercial market is due to the MHD caseload mix.

NEW DECISION ITEM
RANK: 11 OF 51

Department: Social Services

Budget Unit: 90541C, 90556C, 90573C

Division: MO HealthNet

DI Name: Pharmacy PMPM Increase Specialty

DI# 1886033

HB Section: 11.435, 11.550, 11.595

	<u>Old Age</u> <u>Assistance</u> <u>Specialty</u>	<u>Permanently</u> <u>Totally</u> <u>Disabled</u> <u>Specialty</u>	<u>Other*</u> <u>Specialty</u>	<u>Total</u>
FY18 PMPM	\$355.12	\$672.37	\$61.42	
Specialty Rate	55.40%	55.40%	55.40%	
Subtotal	\$196.74	\$372.49	\$34.03	
FY19 PMPM Trend Rate	3.205%	3.205%	3.205%	
Increase in PMPM	\$6.30	\$11.94	\$1.09	
FY19 Estimate	\$203.04	\$384.43	\$35.12	
FY20 PMPM Trend Rate	6.699%	6.699%	6.699%	
FY20 Estimate	\$13.60	\$25.75	\$2.35	
Members	9,832	84,279	761,198	
Monthly Cost	\$133,716	\$2,170,196	\$1,788,815	
12 Months	12	12	12	
Yearly Cost	\$1,604,592	\$26,042,352	\$21,465,780	\$49,112,724

*Other includes Custodial Parents, Children and Pregnant Women.

Pharmacy expenditures by program:	FMAP	Total	GR	FF
Blind Pension Medical		\$155,416	\$155,416	\$0
CHIP	75.643%	\$763,419	\$185,946	\$577,473
Pharmacy	65.203%	\$48,193,889	\$16,770,028	\$31,423,861
		\$49,112,724	\$17,111,390	\$32,001,334

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	17,111,390		32,001,334				49,112,724		
Total PSD	17,111,390		32,001,334		0		49,112,724		0
Grand Total	17,111,390	0.0	32,001,334	0.0	0	0.0	49,112,724	0.0	0

NEW DECISION ITEM
RANK: 11 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy PMPM Increase Specialty

DI# 1886033

Budget Unit: 90541C, 90556C, 90573C

HB Section: 11.435, 11.550, 11.595

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Top 10 Products Ranked By Paid Amount of FFS Claims
Summary Report for the 4th Quarter 2018 (April, May, and June)

Drug	Rank	Claims	Paid
PALIPERIDONE PALMITATE (Antipsychotic)	1	3,939	\$ 9,746,238
LURASIDONE HCL (Antipsychotic)	2	8,384	\$ 9,415,866
GLECAPREVIR/PIBRENTASVIR (Hepatitis C)	3	644	\$ 8,468,258
ADALIMUMAB (Immunosuppressive) (Humira)	4	1,279	\$ 7,638,612
METHYLPHENIDATE HCL (ADHD and Narcolepsy)	5	31,597	\$ 6,675,370
SOMATROPIN (Growth Hormone)	6	1,377	\$ 6,432,062
ALBUTEROL SULFATE (Bronchodilator, Asthma)	7	83,884	\$ 6,064,033
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG (Diabetes)	8	13,457	\$ 5,854,415
LISDEXAMFETAMINE DIMESYLATE (ADHD)	9	18,492	\$ 5,227,415
PREGABALIN (Nerve pain, fibromyalgia)	10	9,560	\$ 4,841,565
TOTAL			\$ 70,363,834

6b. Provide a measure of the program's quality.

Please see the Pharmacy core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Pharmacy core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Pharmacy core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Pharmacy PMPM Specialty - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	48,193,889	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	48,193,889	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$48,193,889	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$16,770,028	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$31,423,861	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
Pharmacy PMPM Specialty - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	763,419	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	763,419	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$763,419	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$185,946	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$577,473	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
Pharmacy PMPM Specialty - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	155,416	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	155,416	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$155,416	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$155,416	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

GR Pick Up for Tobacco Shortfall CTC

NEW DECISION ITEM

RANK: 22 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: GR Pick Up for Tobacco Fund CTC

DI# 1886021

Budget Unit: 90541C, 90544C

HB Section: 11.455, 11.435

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	3,300,005			3,300,005
TRF				
Total	3,300,005	0	0	3,300,005

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Due to updated settlement projections from the Attorney General's Office, the state is anticipating a shortfall in tobacco settlement funds. Tobacco settlement funds are deposited into the Early Childhood Educational Development Fund (ECDEC), Life Sciences Research Trust Fund (LSRTF), and the Healthy Families Trust Fund (HFTF). DSS is asking for a GR pick-up in the Physician and Pharmacy sections with a corresponding core cut of LSRTF and HFTF for the same amount.

NEW DECISION ITEM
RANK: 22 OF 51

Department: Social Services

Budget Unit: 90541C, 90544C

Division: MO HealthNet

DI Name: GR Pick Up for Tobacco Fund CTC DI# 1886021

HB Section: 11.455, 11.435

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Due to updated settlement projections from the Attorney General's Office, the state is anticipating a shortfall in tobacco settlement funds. Revenues from the Master Tobacco Settlement are deposited into the Early Childhood Educational Development Fund (ECDEC), Life Sciences Research Trust Fund (LSRTF), and the Healthy Families Trust Fund (HFTF). Per statute, the first \$35 million of the tobacco settlement is placed in the ECDEC, 25% is placed into the LSRTF, and the remainder is placed in HFTF. Below is the projected shortfall by fund:

	FY19 Beginning Balance	FY19 Estimated Revenue	FY19 Approps	FY19 End of the Year Balance
Tobacco Master Settlement		136,674,976		
Agreement Allocations				
ECDEC		35,000,000		
LSRTF	3,598,453	34,168,744	(38,839,621)	(1,072,424)
HFTF	10,966,724	67,506,232	(80,700,537)	(2,227,581)
	14,565,177	136,674,976	(119,540,158)	(3,300,005)

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
							0	0.0	
Program Distributions	3,300,005						3,300,005		
Total PSD	3,300,005		0		0		3,300,005		0
Grand Total	3,300,005	0.0	0	0.0	0	0.0	3,300,005	0.0	0

NEW DECISION ITEM

RANK: 22

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: GR Pick Up for Tobacco Fund CTC

DI# 1886021

Budget Unit:

90541C, 90544C

HB Section:

11.505, 11.435

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This new decision item is exempt from performance measures as it is a GR pick-up.

6b. Provide a measure of the program's quality.

This new decision item is exempt from performance measures as it is a GR pick-up.

6c. Provide a measure of the program's impact.

This new decision item is exempt from performance measures as it is a GR pick-up.

6d. Provide a measure of the program's efficiency

This new decision item is exempt from performance measures as it is a GR pick-up.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
GR Pickup Tobacco CTC - 1886021								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,072,424	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,072,424	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,072,424	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,072,424	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
GR Pickup Tobacco CTC - 1886021								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,227,581	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,227,581	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,227,581	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,227,581	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Asset Limit FY19 CTC

NEW DECISION ITEM
RANK: 28 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY19 CTC

DI# 1886039

Budget Unit 90544C, 90546C, 90550C, 90561C, 90552C

HB Section 11.455, 11.460, 11.480, 11.510

1. AMOUNT OF REQUEST

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	737,119	2,943,252	833,613	4,513,984	
TRF					
Total	737,119	2,943,252	833,613	4,513,984	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Federal Reimbursement Allowance Fund (0142) - \$705,159

Third Party Liability Fund (0120) - \$28,562

Ambulance Reimbursement Allowance Fund (0958) - \$99,892

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD					
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

NEW DECISION ITEM
RANK: 28 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY19 CTC

DI# 1886039

Budget Unit 90544C, 90546C, 90550C, 90561C, 90552C

HB Section 11.455, 11.460, 11.480, 11.510

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This request funds services for additional individuals and couples who will become eligible for full Medicaid benefits as a result of HB 1565 (2016). This bill raises the MO HealthNet asset limits for MO HealthNet permanent and totally disabled claimants, MO HealthNet blind claimants, and MO HealthNet aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to \$6,000 for married couples in 2019. Participants eligible under the SFY19 Asset Limit increase were assumed to be phased in over the SFY19. This request is for the cost to continue services for SFY20 at an annual level for those participants enrolled in SFY19.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MO HealthNet Division (MHD) estimates a fiscal impact because of changes to the resource limits for blind, elderly, and disabled persons. Higher cost will result from one group of Medicaid eligibles who currently receive limited medical benefits but will receive full Medicaid benefits under this legislation. New eligibles are also expected to enter the Medicaid program because of the change in eligibility rules.

FSD estimated 992 new cases in SFY 19.

An annual cost per person was calculated from the FY18 expenditures. In FY19, funds were not appropriated for the asset limit increase, and were assumed to be phased in over FY18. This request is for the cost to continue services for FY20 at an annual level for those participants enrolled in FY19, for a total cost of \$4,513,984 for MHD services.

NEW DECISION ITEM
RANK: 28 OF 51

Department: Social Services

Budget Unit 90544C, 90546C, 90550C, 90561C, 90552C

Division: MO HealthNet

DI Name: Asset Limit Increase FY19 CTC

DI# 1886039

HB Section 11.455, 11.460, 11.480, 11.510

This bill raised the MHD asset limits for MHD claimants from \$2,000 to \$3,000 for individuals and \$4,000 to \$6,000 for married couples in 2019.

HB	Program	GR	Fed	Other*	Total
11.455	Physician	\$289,351	\$542,189		\$831,540
11.460	Dental	\$15,726	\$29,468		\$45,194
11.480	Rehab	\$329,924	\$805,393	\$99,892	\$1,235,209
11.480	NEMT	\$5,698	\$10,676		\$16,374
11.510	Hospital	\$124,982	\$1,555,526	\$705,159	\$2,385,667
MHD Total		\$765,681	\$2,943,252	\$805,051	\$4,513,984

*Other funds include Federal Reimbursement Allowance Fund and Ambulance Reimbursement Allowance Fund.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.										
	Dept Req GR	Dept Req GR	Dept Req FED	Dept Req FED	Dept Req OTHER	Dept Req OTHER	Dept Req TOTAL	Dept Req TOTAL	Dept Req One-Time	
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	E
Program Distributions	737,119		2,943,252		833,613		4,513,984			
Total PSD	737,119		2,943,252		833,613		4,513,984		0	
Grand Total	737,119	0.0	2,943,252	0.0	833,613	0.0	4,513,984	0.0	0	

NEW DECISION ITEM
RANK: 28 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY19 CTC

DI# 1886039

Budget Unit 90544C, 90546C, 90550C, 90561C, 90552C

HB Section 11.455, 11.460, 11.480, 11.510

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6c. Provide a measure(s) of the program's impact.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6b. Provide a measure(s) of the program's quality.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6d. Provide a measure(s) of the program's efficiency.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
Asset Limit CTC - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	831,540	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	831,540	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$831,540	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$289,351	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$542,189	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
Asset Limit CTC - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	45,194	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	45,194	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$45,194	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$15,726	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$29,468	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Asset Limit CTC - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,235,209	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,235,209	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,235,209	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$329,924	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$805,393	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$99,892	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
Asset Limit CTC - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	16,374	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	16,374	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$16,374	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$5,698	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,676	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
Asset Limit CTC - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,385,667	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,385,667	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,385,667	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$124,982	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,555,526	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$705,159	0.00		0.00

Asset Limit FY20 Phase In

NEW DECISION ITEM

RANK: 29 **OF** 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY20 Phase In

DI# 1886040

Budget Unit 90541C, 90544C, 90546C, 90547C, 90564C, 90550C, 90561C, 90577C, 90552C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.510

1. AMOUNT OF REQUEST

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	942,742	3,762,736	1,065,324	5,770,802	
TRF					
Total	942,742	3,762,736	1,065,324	5,770,802	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Federal Reimbursement Allowance Fund (0142) - \$755,082
 Ambulance Reimbursement Allowance Fund (0958) - \$71,028
 Pharmacy Reimbursement Allowance Fund (0144) - \$51,422
 Pharmacy Rebates Fund (0114) - \$187,792

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD					
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

NEW DECISION ITEM
RANK: 29 **OF** 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY20 Phase In

DI# 1886040

Budget Unit 90541C, 90544C, 90546C, 90547C, 90564C, 90550C,
90561C, 90577C, 90552C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490,
11.510

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This request funds services for additional individuals and couples who will become eligible for full Medicaid benefits as a result of HB 1565 (2016). This legislation raised the MO HealthNet asset limits for MO HealthNet claimants from \$3,000 to \$4,000 for individuals and \$6,000 to \$8,000 for married couples in SFY 2020, FSD estimates 918 new participants will be added in FY20 due to this asset limit increase.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MO HealthNet Division (MHD) estimates a fiscal impact because of changes to the resource limits for blind, elderly, and disabled persons. Higher cost will result from one group of Medicaid eligibles who currently receive limited medical benefits but will receive full Medicaid benefits under this legislation. New eligibles are also expected to enter the Medicaid program because of the change in eligibility rules.

This legislation raised the MHD asset limits for MHD claimants from \$3,000 to \$4,000 for individuals and \$6,000 to \$8,000 for married couples in SFY 2019.

NEW DECISION ITEM
RANK: 29 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY20 Phase In

DI# 1886040

Budget Unit 90541C, 90544C, 90546C, 90547C, 90564C, 90550C, 90561C, 90577C, 90552C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.510

FSD estimates 918 new participants will be added in FY20 due to this asset limit increase.

HB	Program	GR	Fed	Other*	Total
11.435	Pharmacy	\$93,743	\$623,900	\$239,214	\$956,858
11.455	Physician	\$364,487	\$682,979		\$1,047,466
11.460	Dental	\$10,262	\$19,228		\$29,490
11.465	Premium	\$89,719	\$168,116		\$257,834
11.470	Home Health	\$1,792	\$3,358		\$5,150
11.480	Rehab	\$237,916	\$578,902	\$71,028	\$887,847
11.480	NEMT	\$22,478	\$42,119		\$64,597
11.490	Complex Rehab	\$1,608	\$3,013		\$4,621
11.510	Hospital	\$120,738	\$1,641,121	\$755,082	\$2,516,941
MHD Total		\$942,743	\$3,762,736	\$1,065,324	\$5,770,803

*Other funds include Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund, Pharmacy Rebates Fund, Ambulance Reimbursement Allowance Fund, and Third Party Liability Fund.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	942,742		3,762,736		1,065,324		5,770,802		
Total PSD	942,742		3,762,736		1,065,324		5,770,802		0
Grand Total	942,742	0.0	3,762,736	0.0	1,065,324	0.0	5,770,802	0.0	0

NEW DECISION ITEM
RANK: 29 **OF** 51

Department: Social Services

Division: MO HealthNet

DI Name: Asset Limit Increase FY20 Phase In

DI# 1886040

Budget Unit 90541C, 90544C, 90546C, 90547C, 90564C, 90550C,
90561C, 90577C, 90552C

HB Section 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490,
11.510

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6c. Provide a measure(s) of the program's impact.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6b. Provide a measure(s) of the program's quality.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6d. Provide a measure(s) of the program's efficiency.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	956,857	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	956,857	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$956,857	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$93,743	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$623,900	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$239,214	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,047,466	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,047,466	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,047,466	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$364,487	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$682,979	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	29,490	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	29,490	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$29,490	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$10,262	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$19,228	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	257,835	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	257,835	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$257,835	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$89,719	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$168,116	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,150	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,150	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,150	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,792	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,358	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	887,846	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	887,846	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$887,846	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$237,916	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$578,902	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$71,028	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	64,597	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	64,597	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$64,597	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$22,478	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$42,119	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
Asset Limit Phase-In - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,516,941	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,516,941	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,516,941	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$120,738	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,641,121	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$755,082	0.00		0.00

Managed Care Actuarial Rate Increase

NEW DECISION ITEM
RANK: 32 **OF** 51

Department: Social Services

Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886028

HB Section 11.505, 11.550 and 11.555

1. AMOUNT OF REQUEST

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	49,844,529	96,204,075		146,048,604	
TRF					
Total	49,844,529	96,204,075	0	146,048,604	
FTE	0.00	0.00	0.00		

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD					
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund an increase for managed care medical, newborn delivery, and Neonatal Intensive Care Unit (NICU) services to ensure that managed care payments are actuarially sound. The FY20 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.

NEW DECISION ITEM
RANK: 32 OF 51

Department: Social Services

Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886028

HB Section 11.505, 11.550 and 11.555

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The chart below details the projected need for all medical services as well as the births of children and Neonatal Intensive Care Unit (NICU) care for newborns in need of specialized care. Pharmacy benefits were carved out of managed care beginning October 1, 2009; therefore, participants receive their pharmacy benefits through the fee-for-service program. The FY20 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements. The total cost is estimated at \$146,048,603 as follows:

Program	Region	FY19	FY20	Difference	Participants	Contract Months in FY20	Total
Medical-Managed Care	Eastern	\$210.32	\$221.58	\$11.26	214,176	12	\$28,949,240
Medical-Managed Care	Central	\$213.73	\$233.51	\$19.78	176,113	12	\$41,809,536
Medical-Managed Care	Western	\$235.39	\$258.09	\$22.70	147,778	12	\$40,256,633
Medical-Managed Care	SW	\$177.11	\$189.51	\$12.40	119,859	12	\$17,839,766
<i>subtotal Managed Care</i>							\$128,855,175
Medical TIXXI CHIP-Child	Eastern	\$171.54	\$186.64	\$15.10	7,133	12	\$1,292,107
Medical TIXXI CHIP-Child	Central	\$147.02	\$175.54	\$28.52	7,293	12	\$2,496,061
Medical TIXXI CHIP-Child	Western	\$226.44	\$244.33	\$17.89	5,501	12	\$1,180,819
Medical TIXXI CHIP-Child	SW	\$95.42	\$144.28	\$48.86	4,956	12	\$2,905,328
<i>subtotal TIXXI CHIP Children</i>							\$7,874,315
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Eastern	\$538.34	\$614.78	\$76.44	251	12	\$229,912
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Central	\$482.79	\$558.11	\$75.32	209	12	\$189,235
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Western	\$493.87	\$549.68	\$55.81	171	12	\$114,745
Medical Prenatal Services for Unborn-Show Me Healthy Babies	SW	\$394.28	\$477.87	\$83.59	157	12	\$157,205
Medical First Year following birth-Show Me Healthy Babies	Eastern	\$750.52	\$764.78	\$14.26	446	12	\$76,352
Medical First Year following birth-Show Me Healthy Babies	Central	\$640.07	\$762.97	\$122.89	381	12	\$562,012
Medical First Year following birth-Show Me Healthy Babies	Western	\$750.08	\$658.57	-\$91.51	313	12	-\$343,748
Medical First Year following birth-Show Me Healthy Babies	SW	\$451.45	\$475.38	\$23.93	264	12	\$75,787
<i>subtotal SMHB</i>							\$1,061,500
Total Need Medical Trend							\$137,790,990

NEW DECISION ITEM
RANK: 32 OF 51

Department: Social Services

Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886028

HB Section 11.505, 11.550 and 11.555

Program	Region	FY19	FY20	Difference	Participants	Contract Months in FY20	Total
Deliveries-Managed Care, CHIP, SMHB	Eastern	\$5,553.70	\$5,936.91	\$383.21	892	12	\$4,101,830
Deliveries-Managed Care, CHIP, SMHB	Central	\$4,480.67	\$4,664.38	\$183.71	644	12	\$1,419,691
Deliveries-Managed Care, CHIP, SMHB	Western	\$4,754.32	\$4,473.82	-\$280.50	560	12	-\$1,884,993
Deliveries-Managed Care, CHIP, SMHB	SW	\$3,790.64	\$4,275.84	\$485.20	420	12	\$2,445,418

subtotal Managed Care, SMHB and CHIP Deliveries **\$6,081,946**

Total Need Deliveries Trend **\$6,081,946**

NICU-Managed Care, CHIP, SMHB	Eastern	\$232,455.69	\$236,872.35	\$4,416.66	18	12	\$953,998
NICU-Managed Care, CHIP, SMHB	Central	\$158,217.75	\$188,595.56	\$30,377.81	9	12	\$3,280,803
NICU-Managed Care, CHIP, SMHB	Western	\$197,776.48	\$173,647.75	-\$24,128.73	8	12	-\$2,316,358
NICU-Managed Care, CHIP, SMHB	SW	\$101,109.92	\$106,468.75	\$5,358.83	4	12	\$257,224

subtotal Managed Care, SMHB and CHIP Deliveries **\$2,175,667**

Total Need NICU Trend **\$2,175,667**

Total Need Medical, Deliveries and NICU \$146,048,603

	FMAP	Total	GR	Federal
Managed Care	65.203%	136,699,907	47,567,467	89,132,441
CHIP	75.643%	7,874,315	1,917,947	5,956,368
SMHB	75.643%	1,474,381	359,115	1,115,266
		\$146,048,604	\$49,844,529	\$96,204,075

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Program Distributions	49,844,529		96,204,075		0		146,048,604			
Total PSD	49,844,529		96,204,075		0		146,048,604		0	
Grand Total	49,844,529	0.0	96,204,075	0.0	0	0.0	146,048,604	0.0	0	E

NEW DECISION ITEM
RANK: 32 **OF** 51

Department: Social Services

Budget Unit 90551C, 90556C, 88855C

Division: MO HealthNet

DI Name: Managed Care Actuarial Increase

DI# 1886028

HB Section 11.505, 11.550 and 11.555

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Managed Care core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Managed Care core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Managed Care core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Managed Care core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust to provide outreach and enrollment.
- Continue to work with community groups, local medical providers, health care associations, schools, etc., regarding access to MO HealthNet coverage.
- Continue to work with MO HealthNet managed care health plans to provide outreach and education to communities regarding access to MO HealthNet coverage.

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
Managed Care Actuarial Inc - 1886028								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	136,699,908	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	136,699,908	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$136,699,908	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$47,567,467	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$89,132,441	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
Managed Care Actuarial Inc - 1886028								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	7,874,315	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	7,874,315	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,874,315	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,917,947	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$5,956,368	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
Managed Care Actuarial Inc - 1886028								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,474,381	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,474,381	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,474,381	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$359,115	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,115,266	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

MO HealthNet Administration

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Administration

Budget Unit: 90512C

HB Section: 11.400

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS	2,949,862	5,873,816	1,894,237	10,717,915		PS				0	
EE	9,799,476	15,009,453	835,162	25,644,091		EE				0	
PSD	1	1		2		PSD				0	
TRF						TRF					
Total	12,749,339	20,883,270	2,979,399	36,362,008		Total	0	0	0	0	
FTE	68.62	120.47	45.61	234.70		FTE				0.00	

Est. Fringe	1,498,415	2,820,510	977,802	5,296,727
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

Pharmacy Reimbursement Allowance Fund (0144) - \$27,133
Health Initiatives Fund (HIF) (0275) - \$475,382
Nursing Facility Quality of Care Fund (NFQC) (0271) - \$97,232
Third Party Liability Collections Fund (TPL) (0120) - \$890,822
MO Rx Plan Fund (0779) - \$358,726
Federal Reimbursement Allowance Fund (FRA) (0142) - \$331,161
Ambulance Service Reimbursement Allowance Fund (0958) - \$22,056
Ground Emergency Medical Transportation Fund (GEMT) (0422) - \$45,539
Pharmacy Rebates Fund (0114) - \$478,348
Life Sciences Research Fund (0763) - \$3,000

Other Funds:

2. CORE DESCRIPTION

The MO HealthNet Administration appropriation provides funding for the salaries and associated expense and equipment for the Central Office management and support staff. Funding from this appropriation is also used to support the ongoing expense and equipment costs. MO HealthNet Division staff assists participants as well as providers.

3. PROGRAM LISTING (list programs included in this core funding)

MO HealthNet Administration

CORE DECISION ITEM

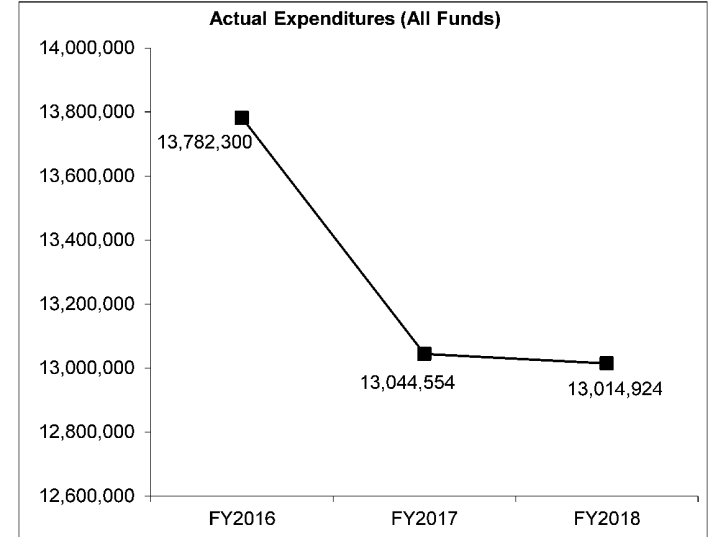
Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Administration

Budget Unit: 90512C

HB Section: 11.400

4. FINANCIAL HISTORY

	FY2016 Actual	FY2017 Actual	FY2018 Actual	FY2019 Current Yr.
Appropriation (All Funds)	14,447,800	14,644,054	14,722,190	31,936,366
Less Reverted (All Funds)	(113,338)	(115,163)	(114,500)	
Less Restricted (All Funds)	-	-		
Budget Authority (All Funds)	14,334,462	14,528,891	14,607,690	31,936,366
Actual Expenditures (All Funds)	13,782,300	13,044,554	13,014,924	N/A
Unexpended (All Funds)	552,162	1,484,337	1,592,766	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	436,359	1,123,742	1,067,695	N/A
Other	115,776	274,615	525,071	N/A
	(1)	(2)	(3)	(4)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - There were agency reserves of \$44,283 Federal, \$26,441 Pharmacy Reimbursement Allowance Fund, and \$55,553 MORx Fund.

(2) FY17 - There were agency reserves of \$60,000 Federal and \$26,958 Pharmacy Reimbursement Allowance Fund.

(3) FY18 - There were agency reserves of \$202,572 Federal and \$525,754 Other Funds

(4) FY19 - Funding was reallocated from various program lines to the MHD Administration section to pay for contract expenditures.

CORE RECONCILIATION DETAIL

STATE

MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PS	234.70	2,971,252	5,895,206	1,894,237	10,760,695	
				EE	0.00	8,963,067	11,603,713	607,162	21,173,942	
				PD	0.00	699	1,030	0	1,729	
				Total	234.70	11,935,018	17,499,949	2,501,399	31,936,366	
DEPARTMENT CORE ADJUSTMENTS										
1x Expenditures	1130	6376	PS		0.00	(21,390)	0	0	(21,390)	Core reductions of FY19 one-times for Managed Care Tax Implementation
1x Expenditures	1130	6378	PS		0.00	0	(21,390)	0	(21,390)	Core reductions of FY19 one-times for Managed Care Tax Implementation
1x Expenditures	1130	0215	EE		0.00	0	(20,289)	0	(20,289)	Core reductions of FY19 one-times for Managed Care Tax Implementation
1x Expenditures	1130	6377	EE		0.00	(20,289)	0	0	(20,289)	Core reductions of FY19 one-times for Managed Care Tax Implementation
Core Reallocation	776	6378	PS		0.00	0	0	0	0	
Core Reallocation	776	2382	PS		(0.00)	0	0	0	(0)	
Core Reallocation	776	1670	PS		0.00	0	0	0	0	
Core Reallocation	776	1387	PS		0.00	0	0	0	(0)	
Core Reallocation	776	6884	PS		0.00	0	0	0	0	
Core Reallocation	776	2849	PS		(0.00)	0	0	0	0	
Core Reallocation	776	6889	PS		(0.00)	0	0	0	(0)	

CORE RECONCILIATION DETAIL

STATE

MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE ADJUSTMENTS									
Core Reallocation	776	6376	PS	(0.00)	0	0	0	(0)	
Core Reallocation	960	6910	EE	0.00	0	0	225,000	225,000	Reallocation of DSH Audit Surveys from Hospital and Hospital FRA
Core Reallocation	960	6377	EE	0.00	(200,000)	0	0	(200,000)	Reallocation of DSH Audit Surveys from Hospital and Hospital FRA
Core Reallocation	960	0215	EE	0.00	0	25,000	0	25,000	Reallocation of DSH Audit Surveys from Hospital and Hospital FRA
Core Reallocation	964	6377	EE	0.00	256,000	0	0	256,000	Reallocation of STAT autopsy contracts from Physician
Core Reallocation	966	6377	EE	0.00	400,000	0	0	400,000	Reallocation of MRT Contract from Physician
Core Reallocation	966	0215	EE	0.00	0	400,000	0	400,000	Reallocation of MRT Contract from Physician
Core Reallocation	968	6377	EE	0.00	400,000	0	0	400,000	Reallocation of Foster Care Health Home Contract from Physician
Core Reallocation	977	0215	EE	0.00	0	3,000,000	0	3,000,000	Reallocation of SDAC Contract from SDAC
Core Reallocation	979	5004	EE	0.00	0	0	3,000	3,000	Reallocation of LSRTF Audit from Managed Care
Core Reallocation	1004	6377	EE	0.00	698	0	0	698	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1004	0215	EE	0.00	0	1,029	0	1,029	Core reallocations will more closely align the budget with planned expenditures

CORE RECONCILIATION DETAIL

STATE

MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	1004	6377	PD	0.00	(698)	0	0	(698) Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1004	0215	PD	0.00	0	(1,029)	0	(1,029) Core reallocations will more closely align the budget with planned expenditures
NET DEPARTMENT CHANGES			0.00	814,321	3,383,321	228,000	4,425,642	
DEPARTMENT CORE REQUEST								
		PS	234.70	2,949,862	5,873,816	1,894,237	10,717,915	
		EE	0.00	9,799,476	15,009,453	835,162	25,644,091	
		PD	0.00	1	1	0	2	
		Total	234.70	12,749,339	20,883,270	2,729,399	36,362,008	
GOVERNOR'S RECOMMENDED CORE								
		PS	234.70	2,949,862	5,873,816	1,894,237	10,717,915	
		EE	0.00	9,799,476	15,009,453	835,162	25,644,091	
		PD	0.00	1	1	0	2	
		Total	234.70	12,749,339	20,883,270	2,729,399	36,362,008	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
PERSONAL SERVICES								
GENERAL REVENUE	2,571,636	56.14	2,971,252	68.62	2,949,862	68.62	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	5,447,281	118.74	5,895,206	120.47	5,873,816	120.47	0	0.00
PHARMACY REBATES	0	0.00	422,795	9.04	422,795	9.04	0	0.00
THIRD PARTY LIABILITY COLLECT	398,431	8.75	402,781	12.29	402,781	12.29	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	97,663	2.14	98,453	2.00	98,453	2.00	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	26,603	0.56	26,777	0.50	26,777	0.50	0	0.00
NURSING FAC QUALITY OF CARE	86,032	1.84	86,951	2.45	86,951	2.45	0	0.00
HEALTH INITIATIVES	417,420	9.25	433,997	9.87	433,997	9.87	0	0.00
GROUND EMERG MEDICAL TRANSPRT	0	0.00	45,167	1.00	45,167	1.00	0	0.00
MISSOURI RX PLAN FUND	355,805	7.77	358,726	7.96	358,726	7.96	0	0.00
AMBULANCE SERVICE REIMB ALLOW	18,377	0.35	18,590	0.50	18,590	0.50	0	0.00
TOTAL - PS	9,419,248	205.54	10,760,695	234.70	10,717,915	234.70	0	0.00
EXPENSE & EQUIPMENT								
GENERAL REVENUE	672,229	0.00	8,963,067	0.00	9,799,476	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	2,372,727	0.00	11,603,713	0.00	15,009,453	0.00	0	0.00
PHARMACY REBATES	0	0.00	55,553	0.00	55,553	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	488,041	0.00	488,041	0.00	488,041	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	7,708	0.00	7,708	0.00	232,708	0.00	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	356	0.00	356	0.00	356	0.00	0	0.00
NURSING FAC QUALITY OF CARE	10,281	0.00	10,281	0.00	10,281	0.00	0	0.00
HEALTH INITIATIVES	40,143	0.00	41,385	0.00	41,385	0.00	0	0.00
GROUND EMERG MEDICAL TRANSPRT	0	0.00	372	0.00	372	0.00	0	0.00
LIFE SCIENCES RESEARCH TRUST	0	0.00	0	0.00	3,000	0.00	0	0.00
AMBULANCE SERVICE REIMB ALLOW	3,466	0.00	3,466	0.00	3,466	0.00	0	0.00
TOTAL - EE	3,594,951	0.00	21,173,942	0.00	25,644,091	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	725	0.00	699	0.00	1	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,030	0.00	1	0.00	0	0.00
TOTAL - PD	725	0.00	1,729	0.00	2	0.00	0	0.00
TOTAL	13,014,924	205.54	31,936,366	234.70	36,362,008	234.70	0	0.00

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MO HEALTHNET ADMIN									
Pay Plan FY19-Cost to Continue - 0000013									
PERSONAL SERVICES									
GENERAL REVENUE	0	0.00	0	0.00	24,708	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	44,062	0.00	0	0.00	
PHARMACY REBATES	0	0.00	0	0.00	3,393	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	0	0.00	0	0.00	4,353	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	792	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	175	0.00	0	0.00	
NURSING FAC QUALITY OF CARE	0	0.00	0	0.00	919	0.00	0	0.00	
HEALTH INITIATIVES	0	0.00	0	0.00	3,665	0.00	0	0.00	
GROUND EMERG MEDICAL TRANSPRT	0	0.00	0	0.00	350	0.00	0	0.00	
MISSOURI RX PLAN FUND	0	0.00	0	0.00	2,922	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	211	0.00	0	0.00	
TOTAL - PS	0	0.00	0	0.00	85,550	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	85,550	0.00	0	0.00	
MMIS: Replacement and Admin - 1886026									
PERSONAL SERVICES									
GENERAL REVENUE	0	0.00	0	0.00	204,432	4.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	204,432	4.00	0	0.00	
TOTAL - PS	0	0.00	0	0.00	408,864	8.00	0	0.00	
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	34,647	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	34,647	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	69,294	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	478,158	8.00	0	0.00	
MMIS: Development Existing Sys - 1886025									
PERSONAL SERVICES									
GENERAL REVENUE	0	0.00	0	0.00	29,775	0.50	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	89,325	1.50	0	0.00	
TOTAL - PS	0	0.00	0	0.00	119,100	2.00	0	0.00	
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	11,769	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MO HEALTHNET ADMIN									
MMIS: Development Existing Sys - 1886025									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	11,769	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	23,538	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	142,638	2.00	0	0.00	
Prior Authorization Reviews - 1886043									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	222,227	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	222,227	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	444,454	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	444,454	0.00	0	0.00	
Electronic Visit Verification - 1886032									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	500,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	1,500,000	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	2,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,000,000	0.00	0	0.00	
Conduent Contract Amendment - 1886031									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	225,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	225,000	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	450,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	450,000	0.00	0	0.00	
GEMT Cost Reports - 1886030									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	0	0.00	425,000	0.00	0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90512C BUDGET UNIT NAME: MO HealthNet Administration HOUSE BILL SECTION: 11.400	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$ 40,812,808 </td> <td style="text-align: right; width: 15%;"> % Flex 0.25% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$ 102,032 </td> <td style="width: 55%; vertical-align: top;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$ 40,812,808	% Flex 0.25%	Flex Amount \$ 102,032	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$ 40,812,808	% Flex 0.25%	Flex Amount \$ 102,032	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.				
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90512C BUDGET UNIT NAME: MO HealthNet Administration HOUSE BILL SECTION: 11.400	DEPARTMENT: Social Services DIVISION: MO HealthNet																						
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.																							
DEPARTMENT REQUEST																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">PS or E&E</th> <th style="width: 15%;">Core</th> <th style="width: 10%;">% Flex Request</th> <th style="width: 10%;">Flex Request Amount</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td>PS</td> <td>\$ 10,717,915</td> <td>10%</td> <td>\$1,071,792</td> <td rowspan="3" style="vertical-align: top;">Ten percent (10%) flexibility is requested between personal service and expense and equipment.</td> </tr> <tr> <td></td> <td>E&E</td> <td>\$ 25,644,091</td> <td>10%</td> <td>\$2,564,409</td> </tr> <tr> <td></td> <td>Total</td> <td>\$ 36,362,006</td> <td>10%</td> <td>\$3,636,201</td> </tr> </tbody> </table>			PS or E&E	Core	% Flex Request	Flex Request Amount			PS	\$ 10,717,915	10%	\$1,071,792	Ten percent (10%) flexibility is requested between personal service and expense and equipment.		E&E	\$ 25,644,091	10%	\$2,564,409		Total	\$ 36,362,006	10%	\$3,636,201
	PS or E&E	Core	% Flex Request	Flex Request Amount																			
	PS	\$ 10,717,915	10%	\$1,071,792	Ten percent (10%) flexibility is requested between personal service and expense and equipment.																		
	E&E	\$ 25,644,091	10%	\$2,564,409																			
	Total	\$ 36,362,006	10%	\$3,636,201																			
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.																							
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED																					
N/A	N/A	10% flexibility is being requested for FY20																					
3. Please explain how flexibility was used in the prior and/or current years.																							
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE																						
N/A	N/A																						

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
OFFICE SUPPORT ASST (CLERICAL)	0	0.00	26,272	0.99	0	0.00	0	0.00
ADMIN OFFICE SUPPORT ASSISTANT	176,617	6.02	212,637	7.00	181,560	5.98	0	0.00
OFFICE SUPPORT ASSISTANT	47,255	2.00	48,103	2.02	48,657	2.00	0	0.00
SR OFFICE SUPPORT ASSISTANT	191,182	7.28	177,693	7.43	221,863	8.00	0	0.00
BUYER III	14,523	0.32	676	0.01	0	0.00	0	0.00
BUYER IV	678	0.01	0	0.00	16,120	0.50	0	0.00
ACCOUNT CLERK II	17,560	0.66	31,077	1.27	0	0.00	0	0.00
AUDITOR II	125,174	3.21	109,308	3.16	154,253	5.00	0	0.00
AUDITOR I	63,881	1.80	154,375	4.37	107,293	4.37	0	0.00
SENIOR AUDITOR	214,281	5.00	269,260	6.16	218,178	5.00	0	0.00
ACCOUNTANT I	0	0.00	16,792	0.50	37,624	1.00	0	0.00
ACCOUNTANT III	104,780	2.38	153,160	3.52	43,480	1.00	0	0.00
BUDGET ANAL II	55,417	1.30	41,317	1.00	86,961	2.00	0	0.00
ACCOUNTING CLERK	55,885	2.13	47,048	1.82	81,120	3.00	0	0.00
ACCOUNTING GENERALIST I	63,217	2.00	57,167	1.84	64,616	2.00	0	0.00
ACCOUNTING GENERALIST II	36,925	0.99	18,018	0.55	9	0.05	0	0.00
PERSONNEL OFFICER	46,057	0.99	46,409	1.02	46,756	1.00	0	0.00
PERSONNEL ANAL I	25,996	0.83	5,161	0.17	39,004	1.00	0	0.00
PERSONNEL ANAL II	6,155	0.16	0	0.00	0	0.00	0	0.00
PUBLIC INFORMATION SPEC I	19,539	0.50	39,946	1.00	0	(0.00)	0	0.00
PUBLIC INFORMATION SPEC II	22,596	0.50	0	0.00	45,893	1.00	0	0.00
EXECUTIVE I	21,964	0.63	0	0.00	36,977	1.00	0	0.00
MANAGEMENT ANALYSIS SPEC II	403,840	8.95	619,307	14.00	565,604	15.99	0	0.00
ADMINISTRATIVE ANAL I	36,615	1.04	42,528	1.00	36,342	1.00	0	0.00
ADMINISTRATIVE ANAL II	1,485	0.04	0	0.00	0	0.00	0	0.00
PHYSICIAN	122,083	0.99	122,893	1.00	124,742	1.50	0	0.00
REGISTERED NURSE - CLIN OPERS	372,781	6.58	345,412	6.00	403,805	7.00	0	0.00
PROGRAM DEVELOPMENT SPEC	812,172	19.39	698,924	16.56	814,751	20.00	0	0.00
INVESTIGATOR II	8,913	0.21	0	0.00	0	0.00	0	0.00
INVESTIGATOR III	1,995	0.04	0	0.00	0	0.00	0	0.00
MEDICAID PROGRAM RELATIONS REP	126,412	3.00	122,398	2.91	128,820	3.00	0	0.00
CORRESPONDENCE & INFO SPEC I	288,741	8.11	604,290	16.93	291,356	8.00	0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
MEDICAID PHARMACEUTICAL TECH	221,140	6.59	242,990	7.00	101,928	3.00	0	0.00
MEDICAID CLERK	256,301	8.77	236,887	8.08	271,259	9.00	0	0.00
MEDICAID TECHNICIAN	739,846	22.24	807,380	24.11	764,833	25.05	0	0.00
MEDICAID SPEC	1,011,257	26.22	1,080,049	27.37	1,057,426	29.00	0	0.00
MEDICAID UNIT SPV	253,667	5.75	259,728	6.02	225,764	5.00	0	0.00
FISCAL & ADMINISTRATIVE MGR B1	303,177	5.96	335,910	6.81	774,459	13.01	0	0.00
FISCAL & ADMINISTRATIVE MGR B2	461,987	7.22	434,303	6.96	0	0.00	0	0.00
INVESTIGATION MGR B1	2,214	0.04	0	0.00	0	0.00	0	0.00
SOCIAL SERVICES MGR, BAND 1	263,674	5.05	289,071	5.78	1,317,695	22.00	0	0.00
SOCIAL SERVICES MNGR, BAND 2	630,616	10.36	734,708	14.22	0	0.00	0	0.00
DEPUTY STATE DEPT DIRECTOR	0	0.00	0	0.00	101,000	1.00	0	0.00
DESIGNATED PRINCIPAL ASST DEPT	35,047	0.38	19,528	0.25	19,528	0.25	0	0.00
DIVISION DIRECTOR	13,361	0.13	213,617	1.04	158,820	1.00	0	0.00
DEPUTY DIVISION DIRECTOR	102,220	1.03	99,536	1.00	0	(0.00)	0	0.00
DESIGNATED PRINCIPAL ASST DIV	225,313	2.41	256,900	2.95	213,576	2.15	0	0.00
LEGAL COUNSEL	79,988	0.95	79,142	1.06	116,082	1.45	0	0.00
CLERK	4,474	0.18	15,907	0.53	0	0.00	0	0.00
DATA PROCESSING CONSULTANT	9,848	0.13	6,599	0.09	0	(0.00)	0	0.00
MISCELLANEOUS TECHNICAL	0	0.00	182	0.00	0	0.00	0	0.00
MISCELLANEOUS PROFESSIONAL	7,966	0.19	228,363	3.39	228,363	3.39	0	0.00
SPECIAL ASST OFFICIAL & ADMSTR	55,692	0.49	41,262	0.35	47,498	1.01	0	0.00
SPECIAL ASST PROFESSIONAL	1,193,157	13.08	1,268,498	13.31	1,475,178	17.00	0	0.00
SPECIAL ASST OFFICE & CLERICAL	63,584	1.31	84,378	1.79	48,722	1.00	0	0.00
REGISTERED NURSE	0	0.00	15,586	0.36	0	0.00	0	0.00
TOTAL - PS	9,419,248	205.54	10,760,695	234.70	10,717,915	234.70	0	0.00
TRAVEL, IN-STATE	3,701	0.00	5,370	0.00	5,400	0.00	0	0.00
TRAVEL, OUT-OF-STATE	13,736	0.00	6,786	0.00	6,800	0.00	0	0.00
SUPPLIES	304,744	0.00	387,158	0.00	304,777	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	38,580	0.00	45,576	0.00	39,000	0.00	0	0.00
COMMUNICATION SERV & SUPP	63,301	0.00	90,000	0.00	65,000	0.00	0	0.00
PROFESSIONAL SERVICES	3,125,606	0.00	20,557,247	0.00	25,190,631	0.00	0	0.00
M&R SERVICES	4,408	0.00	5,000	0.00	4,400	0.00	0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
COMPUTER EQUIPMENT	0	0.00	4,223	0.00	0	0.00	0	0.00
OFFICE EQUIPMENT	18,783	0.00	53,284	0.00	4,680	0.00	0	0.00
OTHER EQUIPMENT	1,226	0.00	2,462	0.00	1,400	0.00	0	0.00
PROPERTY & IMPROVEMENTS	15,092	0.00	6,241	0.00	16,000	0.00	0	0.00
BUILDING LEASE PAYMENTS	0	0.00	900	0.00	1	0.00	0	0.00
EQUIPMENT RENTALS & LEASES	0	0.00	2,449	0.00	2	0.00	0	0.00
MISCELLANEOUS EXPENSES	5,774	0.00	7,246	0.00	6,000	0.00	0	0.00
TOTAL - EE	3,594,951	0.00	21,173,942	0.00	25,644,091	0.00	0	0.00
PROGRAM DISTRIBUTIONS	725	0.00	1,729	0.00	2	0.00	0	0.00
TOTAL - PD	725	0.00	1,729	0.00	2	0.00	0	0.00
GRAND TOTAL	\$13,014,924	205.54	\$31,936,366	234.70	\$36,362,008	234.70	\$0	0.00
GENERAL REVENUE	\$3,244,590	56.14	\$11,935,018	68.62	\$12,749,339	68.62		0.00
FEDERAL FUNDS	\$7,820,008	118.74	\$17,499,949	120.47	\$20,883,270	120.47		0.00
OTHER FUNDS	\$1,950,326	30.66	\$2,501,399	45.61	\$2,729,399	45.61		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.400

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

1a. What strategic priority does this program address?

Ensure access to coverage

1b. What does this program do?

In order to efficiently operate the \$10.28 billion MO HealthNet program (also known as Missouri Medicaid) across four state departments, the MO HealthNet Division effectively utilizes its appropriated staff. The MO HealthNet Division staff account for less than 0.42% of total state employees while the MO HealthNet program comprised 36.3% of the total FY 2018 state operating budget of \$28.3 billion. The administrative portion of the budget (Personal Services and Expense and Equipment) comprised less than 0.2% of the division's total budget. As of June 2018, there were a total of 971,143 participants enrolled in MO HealthNet; of those, 712,335 were in capitated managed care and 258,808 were in the fee-for-service programs. MO HealthNet Division staff assist participants as well as providers.

Program Goals

The MO HealthNet Division seeks to aid participants and providers in their efforts to access MO HealthNet programs by utilizing administrative staffing, expense and equipment, and contractor resources efficiently and effectively.

Program Objectives

- To purchase and monitor health care services for low income and vulnerable citizens of the State of Missouri;
- To assure quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants;
- To be fiscally accountable for maximum and appropriate utilization of resources.

Additional Details

Administrative expenditures for the division consist of personal services and expense and equipment. These expenditures are driven by the operational demands of supporting the MO HealthNet program. The division operates both a fee-for-service program and a managed care program.

Approximately 83% of the division's expense and equipment expenditures comprise of payments to contractors for professional services including, but not limited to, actuarial services; contracts with health care professionals to conduct utilization claim reviews to determine medical necessity of services; and services of an external quality reviewer as required by federal law. The remaining 17% of administrative expense and equipment expenditures support MO HealthNet staff for such routine operational expenses as supplies, postage, and office equipment.

In FY19 and FY20, contracts that had previously been paid out of the program sections were transferred to the Administration Clinical Services, and Medicaid Management Information Systems (MMIS) sections.

PROGRAM DESCRIPTION

Department: Social Services

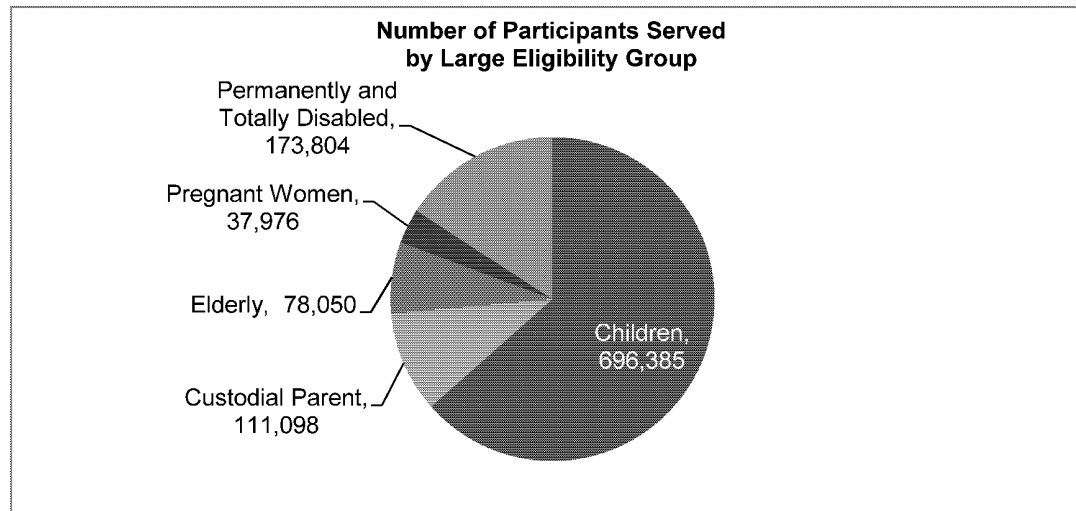
HB Section(s): 11.400

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

2a. Provide an activity measure(s) for the program.

Average number of participants served in a month by MO HealthNet, by Large Eligibility Group.



2b. Provide a measure(s) of the program's quality.

Refer to program sections for quality measures.

PROGRAM DESCRIPTION

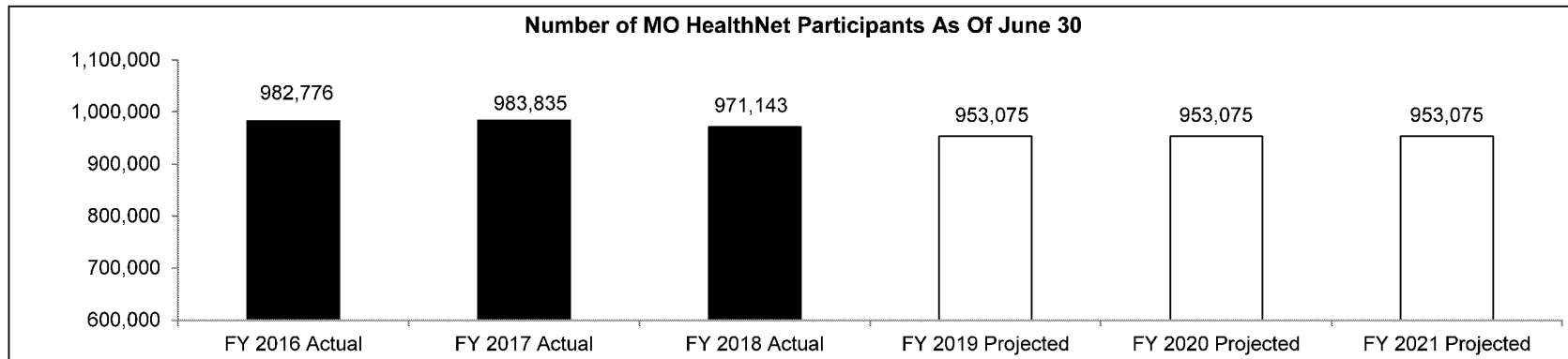
Department: Social Services

HB Section(s): 11.400

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

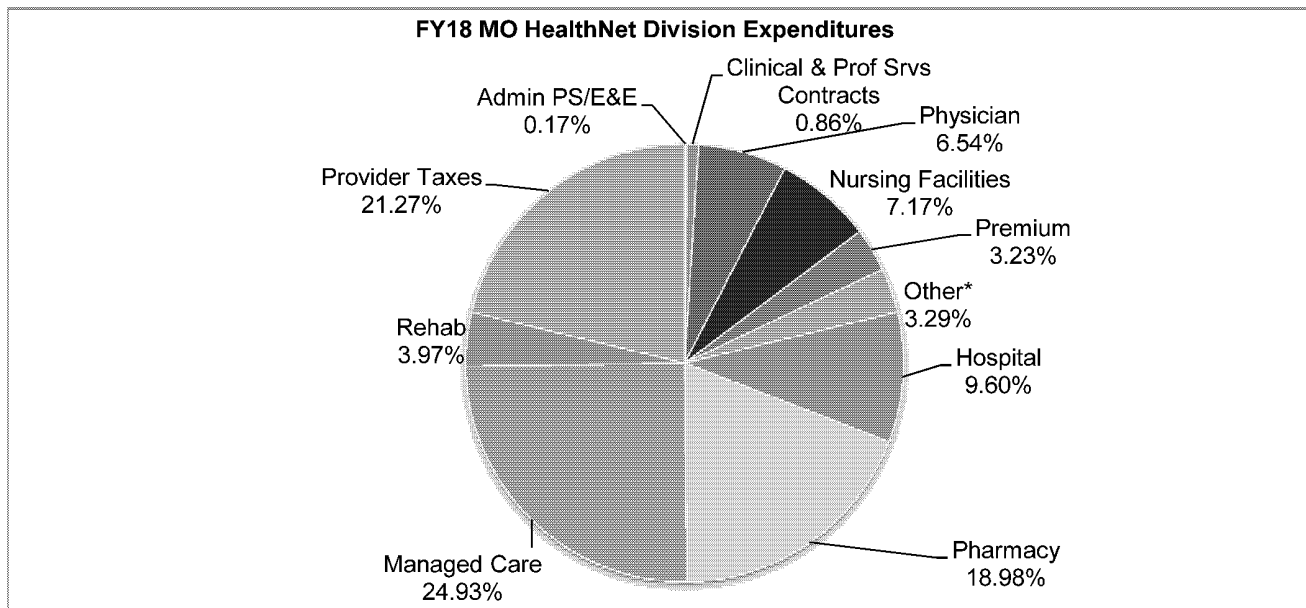
Department: Social Services

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

HB Section(s): 11.400

2d. Provide a measure(s) of the program's efficiency.



*Other includes HI-TECH grants, Dental, Home Health, Long Term Support Upper Payment Limit, Non-Emergency Medical Transportation, Federally Qualified Health Centers Distribution, Health Care Home Federal Reimbursement Allowance Fund, Women's Health, Children's Health Insurance Program, Show-Me Healthy Babies, School District Claiming, and Blind Pension Medical

PROGRAM DESCRIPTION

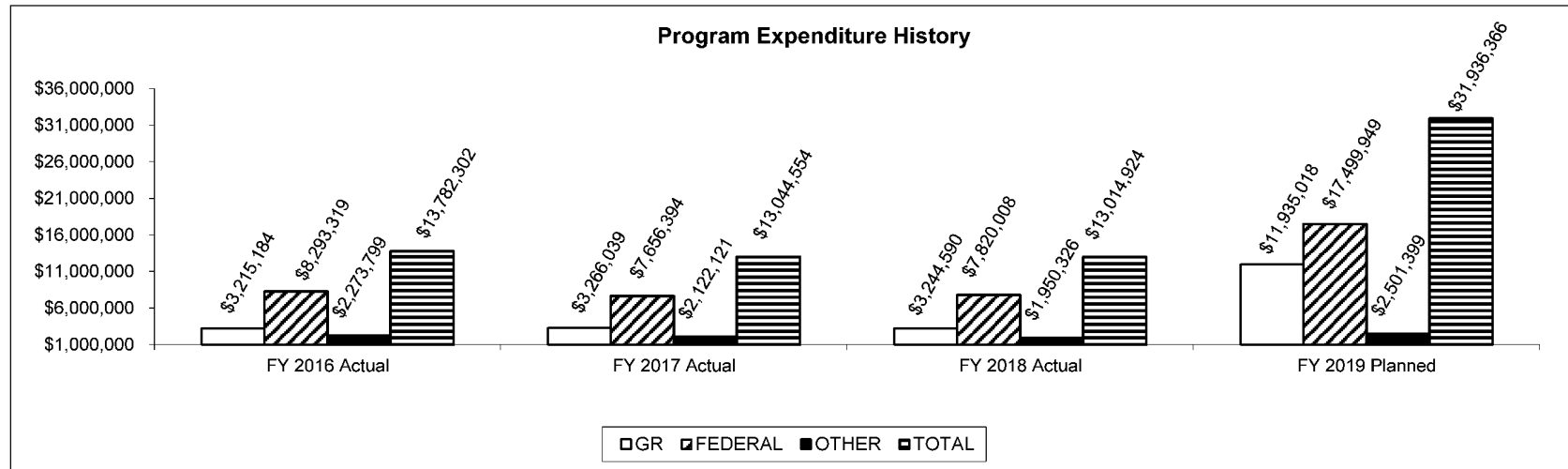
Department: Social Services

HB Section(s): 11.400

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144)
 Health Initiatives Fund (HIF) (0275)
 Nursing Facility Quality of Care Fund (NFQC) (0271)
 Third Party Liability Collections Fund (TPL) (0120)
 MO Rx Plan Fund (0779)
 Federal Reimbursement Allowance Fund (FRA) (0142)
 Ambulance Service Reimbursement Allowance Fund (0958)
 Ground Emergency Medical Transportation Fund (GEMT) (0422)
 Pharmacy Rebates Fund (0114)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.201, RSMo.; Federal law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.400

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

6. Are there federal matching requirements? If yes, please explain.

Expenditures are allocated in accordance with the methodology outlined in the department's cost allocation plan and charged to corresponding grants or used as maintenance of effort as appropriate.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the MO HealthNet State Plan.

NEW DECISION ITEM

RANK: 12 OF 51

Department: Social Services

Budget Unit: 90512C

Division: MO HealthNet

DI Name: Prior Authorization Reviews

DI# 1886043

HB Section: 11.400

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE	222,227	222,227		444,454
PSD				
TRF				
Total	222,227	222,227	0	444,454

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

In order to comply with Federal requirements for Mental Health Parity, MHD is requesting funding for Wipro to complete Prior Authorization Reviews. Additionally, MHD is implementing a State Plan Amendment to include chronic pain services for a limited population. This request is for funding for Wipro to complete Prior Authorization Reviews.

NEW DECISION ITEM
RANK: 12 OF 51

Department: Social Services

Budget Unit: 90512C

Division: MO HealthNet

DI Name: Prior Authorization Reviews

DI# 1886043

HB Section:

11.400

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Contracted Prior Authorization Reviews: Chronic Pain

This request is for Wipro staff to review utilization and make determinations for approval/denials of medical services to support the limited chronic pain benefit. Evidence has shown that utilization of complementary and alternative therapies for chronic pain leads to better health outcomes in the adult population. The intent of these services is to provide complementary and alternative therapy, coordinated by the primary care provider, in an effort to provide alternatives to opioid use for the treatment of chronic pain, reduce opioid misuse, improve MO HealthNet participants' chronic pain management skills, reduce avoidable costs, and improve health outcomes. Services include consultant reviews completed by a Registered Nurse for requests outside of the MO HealthNet criteria, such as requests over the approved limits. Staff will also work referrals and return calls as needed. Most prior authorizations will go through CyberAccess for approval per algorithm. Wipro is proposing: 1 Registered Nurse and 2 Technicians. Total EE cost would be \$342,970.

Contracted Prior Authorization Reviews: Mental Health Parity

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that applies requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicaid managed care organizations (MCOs), the Children's Health Insurance Program (CHIP), and Medicaid alternative benefit plans (ABPs). The purpose of the rule is to strengthen access to mental health and substance use disorder services for Medicaid participants. In essence, the parity rule ensures that limitations on mental health and substance use disorder (MH/SUD) services are not more restrictive than limitations on medical/surgical (M/S) services. This request is for Wipro staff to review Prior Authorization related to Mental Health Parity. The technician will be working a new fax tracking queue that will be used by providers to request approval to provide services over current limits related to mental health parity. Providers will submit clinical documentation and consultants will review for medical necessity. Technicians will process requests prior to and follow consultant review and override edits if approved by consultant. Wipro is proposing 1 Technician. Total EE cost would be \$101,484.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total EE	222,227 222,227		222,227 222,227		0		444,454 444,454		0
Grand Total	222,227	0.0	222,227	0.0	0	0.0	444,454	0.0	0

NEW DECISION ITEM

RANK: 12

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Prior Authorization Reviews

DI# 1886043

Budget Unit: 90512C

HB Section: 11.400

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

N/A

6b. Provide a measure of the program's quality.

N/A

6c. Provide a measure of the program's impact.

N/A

6d. Provide a measure of the program's efficiency

N/A

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
Prior Authorization Reviews - 1886043								
PROFESSIONAL SERVICES	0	0.00	0	0.00	444,454	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	444,454	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$444,454	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$222,227	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$222,227	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NEW DECISION ITEM
RANK: 13 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Electronic Visit Verification Contract

DI# 1886032

Budget Unit: 90512C

HB Section: 11.400

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE	500,000	1,500,000	0	2,000,000
PSD				
TRF				
Total	500,000	1,500,000	0	2,000,000

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Section 12006 of the CURES Act originally required states to implement an Electronic Visit Verification (EVV) system for personal care services by 01/01/2019. H.R. 6042 amended the section to delay implementation without penalty for personal care services to 01/01/2020. Implementation of EVV for home health services is required by 01/01/2023.

The CURES Act (Section 12006(a)(1)(A)) requires that states that do not comply with the CURES Act by the applicable deadlines will have their Federal Medical Assistance Percentage (FMAP) reduced.

NEW DECISION ITEM
RANK: 13 OF 51

Department: Social Services

Budget Unit: 90512C

Division: MO HealthNet

DI Name: Electronic Visit Verification Contract DI# 1886032

HB Section: 11.400

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Current Missouri statutory requirements align with the time and documentation requirements of the CURES Act, except for the requirement for the state to assimilate the data. Currently, providers and vendors are allowed to use an EVV vendor of their choice (open system). DSS has opted to meet CURES Act requirements through the acquisition of a vendor neutral aggregator system to assimilate data collected by the numerous EVV systems operating in the state. Following selection of a vendor to provide the aggregator system, funding will be required for the development, testing and implementation of the system. Additionally, the aggregator vendor will be responsible training personal care service providers statewide regarding utilization of the aggregator. The requested funds for EVV will fund the vendor responsible for this project.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total EE	500,000 <u>500,000</u>		1,500,000 <u>1,500,000</u>		<u>0</u>		2,000,000 <u>2,000,000</u>		<u>0</u>
Grand Total	500,000	0.0	1,500,000	0.0	0	0.0	2,000,000	0.0	0

NEW DECISION ITEM

RANK: 13

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Electronic Visit Verification Contract

DI# 1886032

Budget Unit: 90512C

HB Section: 11.400

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

DSS is working on developing performance measures for this program.

6b. Provide a measure of the program's quality.

DSS is working on developing performance measures for this program.

6c. Provide a measure of the program's impact.

DSS is working on developing performance measures for this program.

6d. Provide a measure of the program's efficiency

DSS is working on developing performance measures for this program.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
Electronic Visit Verification - 1886032								
PROFESSIONAL SERVICES	0	0.00	0	0.00	2,000,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	2,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,000,000	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$500,000	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$1,500,000	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NEW DECISION ITEM
RANK: 14 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Conduent Contract Amendment

Budget Unit: 90512C
HB Section: 11.400

DI# 1886031

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE	225,000	225,000	0	450,000
PSD				
TRF				
Total	225,000	225,000	0	450,000

FTE **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

MHD is requesting funding to change the inpatient hospital reimbursement methodology to align with other payors. These funds will cover the contractors cost to implement the reimbursement methodology for inpatient claims in SFY20. Under this new methodology MHD will pay inpatient hospital stays according to the inpatient prospective payment system which is categorized into specific diagnosis related groups (DRG). Each DRG has a payment weight assigned to it based on average resources used to treat the patient.

NEW DECISION ITEM
RANK: 14 OF 51

Department: Social Services

Budget Unit: 90512C

Division: MO HealthNet

DI Name: Conduent Contract Amendment

DI# 1886031

HB Section:

11.400

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Conduent will assist MHD in setting up a new payment methodology for inpatient hospital reimbursement. Under this new methodology MHD will pay inpatient hospital stays according to the inpatient prospective payment system which is cateforized into specific diagnosis related groups (DRG). Each DRG has a payment weight assigned to it based on average resources used to treat the patient.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total EE	<u>225,000</u> 225,000		<u>225,000</u> 225,000		<u>0</u>		<u>450,000</u> 450,000		<u>0</u>
Grand Total	225,000	0.0	225,000	0.0	0	0.0	450,000	0.0	0

NEW DECISION ITEM

RANK: 14

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Conduent Contract Amendment

DI# 1886031

Budget Unit: 90512C

HB Section: 11.400

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

N/A

6b. Provide a measure of the program's quality.

N/A

6c. Provide a measure of the program's impact.

N/A

6d. Provide a measure of the program's efficiency

N/A

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
Conduent Contract Amendment - 1886031								
PROFESSIONAL SERVICES	0	0.00	0	0.00	450,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	450,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$450,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$225,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$225,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NEW DECISION ITEM
RANK: 27 **OF** 51

Department: Social Services

Budget Unit 90512C

Division: MO HealthNet

DI Name: Ground Emergency Medical Transportation Audits

DI# 1886030

HB Section 11.400

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE		425,000	425,000	850,000
PSD				
TRF				
Total	0	425,000	425,000	850,000
FTE	0.00			

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Ground Emergency Medical Transportation Fund (0422)
 - \$425,000

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total	0	0	0	0
FTE	0.00			

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The Ground Emergency Medical Transportation (GEMT) Program was authorized by Senate Bill 607 passed in 2016 by the 98th General Assembly. The GEMT program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement utilizing intergovernmental transfers from providers. Total reimbursement from MHD including the supplemental payment will not exceed one hundred percent of actual costs as determined by cost reports filed by participating providers. This funding is to pay for the contract which will provide audits of the filed cost reports. The providers will pay an administrative fee deposited into the GEMT fund to cover the state share of the contract.

NEW DECISION ITEM
RANK: 27 OF 51

Department: Social Services

Budget Unit 90512C

Division: MO HealthNet

DI Name: Ground Emergency Medical Transportation Audits

DI# 1886030

HB Section 11.400

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet anticipates approximately 125 providers will participate in the GEMT program and submit annual cost reports to MO HealthNet. A Request for Proposal is being developed and a contract will be awarded to provide audit and final reconciliation services to MO HealthNet on the cost reports. The providers will pay an administrative fee to cover the cost of the contract. The anticipated cost will be \$850,000.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One- Time
Total EE	<u>0</u>		<u>425,000</u> 425,000		<u>425,000</u> 425,000		<u>850,000</u> 850,000		<u>0</u>
Grand Total	0	0.0	425,000	0.0	425,000	0.0	850,000	0.0	0

NEW DECISION ITEM
RANK: 27 **OF** 51

Department: Social Services

Budget Unit 90512C

Division: MO HealthNet

DI Name: Ground Emergency Medical Transportation Audits

DI# 1886030

HB Section 11.400

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This program is exempt from performance measures as it is an intergovernmental transfer.

6b. Provide a measure of the program's quality.

This program is exempt from performance measures as it is an intergovernmental transfer.

6c. Provide a measure of the program's impact.

This program is exempt from performance measures as it is an intergovernmental transfer.

6d. Provide a measure of the program's efficiency

This program is exempt from performance measures as it is an intergovernmental transfer.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
GEMT Cost Reports - 1886030								
PROFESSIONAL SERVICES	0	0.00	0	0.00	850,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	850,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$850,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$425,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$425,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Clinical Services Program Management

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C
HB Section: 11.405

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE	461,917	12,214,032	2,485,506	15,161,455		EE				0	
PSD						PSD					
TRF						TRF					
Total	461,917	12,214,032	2,485,506	15,161,455		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Third Party Liability Collections (TPL) Fund (0120) - \$924,911
MO Rx Plan Fund (0779) - \$62,947
Pharmacy Rebates Fund (0114) - \$1,497,648

Other Funds:

2. CORE DESCRIPTION

This item funds contractor costs that support the pharmacy and clinical services programs. Funding is used for cost containment initiatives and clinical policy decision-making to enhance efforts to provide appropriate and quality medical care to participants. The MO HealthNet Division seeks to aid participants and providers in their efforts to access the MO HealthNet program by utilizing contractor resources effectively.

3. PROGRAM LISTING (list programs included in this core funding)

Clinical Services Program Management
Missouri Rx Program

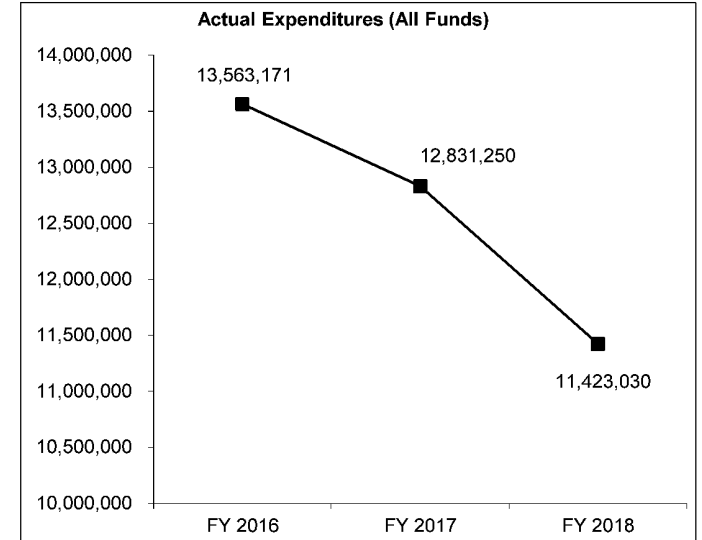
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C
HB Section: 11.405

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	15,161,455	15,161,455	15,161,455	15,161,455
Less Reverted (All Funds)	(13,858)	(13,858)	(13,858)	(13,858)
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	15,147,597	15,147,597	15,147,597	15,147,597
Actual Expenditures (All Funds)	13,563,171	12,831,250	11,423,030	N/A
Unexpended (All Funds)	1,584,426	2,316,347	3,724,567	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	
Federal	615,509	1,005,274	2,326,227	N/A
Other	968,917	1,311,073	1,398,340	N/A
	(1)		(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - There were agency reserves of \$42,711 Federal and \$666,120 MO Rx Fund.

(2) FY18 - There was an agency reserves of \$42,711 Federal.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CLINICAL SRVC MGMT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
	Total	0.00	461,917	12,214,032	2,485,506	15,161,455	
DEPARTMENT CORE REQUEST							
	EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
	Total	0.00	461,917	12,214,032	2,485,506	15,161,455	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	461,917	12,214,032	2,485,506	15,161,455	
	Total	0.00	461,917	12,214,032	2,485,506	15,161,455	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CLINICAL SRVC MGMT								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	448,059	0.00	461,917	0.00	461,917	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	9,887,805	0.00	12,214,032	0.00	12,214,032	0.00	0	0.00
PHARMACY REBATES	0	0.00	1,497,648	0.00	1,497,648	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	924,910	0.00	924,911	0.00	924,911	0.00	0	0.00
MISSOURI RX PLAN FUND	162,256	0.00	62,947	0.00	62,947	0.00	0	0.00
TOTAL - EE	11,423,030	0.00	15,161,455	0.00	15,161,455	0.00	0	0.00
TOTAL	11,423,030	0.00	15,161,455	0.00	15,161,455	0.00	0	0.00
GRAND TOTAL	\$11,423,030	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CLINICAL SRVC MGMT								
CORE								
TRAVEL, IN-STATE	11,838	0.00	10,794	0.00	12,001	0.00	0	0.00
TRAVEL, OUT-OF-STATE	8,124	0.00	5,415	0.00	8,200	0.00	0	0.00
SUPPLIES	317,402	0.00	365,000	0.00	320,001	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	4,925	0.00	2,500	0.00	5,000	0.00	0	0.00
COMMUNICATION SERV & SUPP	62,224	0.00	74,132	0.00	62,501	0.00	0	0.00
PROFESSIONAL SERVICES	10,985,930	0.00	14,665,573	0.00	14,721,917	0.00	0	0.00
M&R SERVICES	18,496	0.00	20,500	0.00	18,502	0.00	0	0.00
OFFICE EQUIPMENT	8,623	0.00	10,000	0.00	8,650	0.00	0	0.00
OTHER EQUIPMENT	1,637	0.00	4,000	0.00	1,640	0.00	0	0.00
PROPERTY & IMPROVEMENTS	0	0.00	500	0.00	2	0.00	0	0.00
BUILDING LEASE PAYMENTS	840	0.00	841	0.00	841	0.00	0	0.00
MISCELLANEOUS EXPENSES	2,991	0.00	2,200	0.00	2,200	0.00	0	0.00
TOTAL - EE	11,423,030	0.00	15,161,455	0.00	15,161,455	0.00	0	0.00
GRAND TOTAL	\$11,423,030	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$0	0.00
GENERAL REVENUE	\$448,059	0.00	\$461,917	0.00	\$461,917	0.00		0.00
FEDERAL FUNDS	\$9,887,805	0.00	\$12,214,032	0.00	\$12,214,032	0.00		0.00
OTHER FUNDS	\$1,087,166	0.00	\$2,485,506	0.00	\$2,485,506	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

1a. What strategic priority does this program address?

Health and continuum of care

1b. What does this program do?

Funding for Clinical Services Program Management (CSPM) supports contractor costs for pharmacy and clinical services. One of the major contracts funded through this section is with Conduent (formerly Xerox) where the MO HealthNet Division (MHD) operates an innovative management of electronic web-based clinical editing process for its point-of-sale pharmacy and medical claims, medical and drug prior authorization, pre-certification, and Drug Utilization Review (DUR) processes. The current CSPM claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real-time data to participating MHD providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

*CyberAccess*SM is a web-based tool that allows healthcare providers to electronically request drug and medical prior authorizations for their MO HealthNet patients, review historical claims data, view and/or enter clinical data in a patient's Electronic Health Record (EHR), select appropriate preferred medications and electronically prescribe, and electronically request inpatient certifications. The continued funding for *CyberAccess*SM is critical to continue supporting the pharmacy and medical cost containment initiatives and electronic health records. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) forms and patient-specific lab results are currently available through the platform. Linkages to other health record systems yielding interoperability between systems are under development (Health Information Network {HIN}). A companion participant web portal tool, Direct Inform, has been developed and deployed to pilot providers.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

Pharmacy

Through the Pharmacy Program, the division is able to maintain current cost containment initiatives and implement new cost containment initiatives. Major initiatives include:

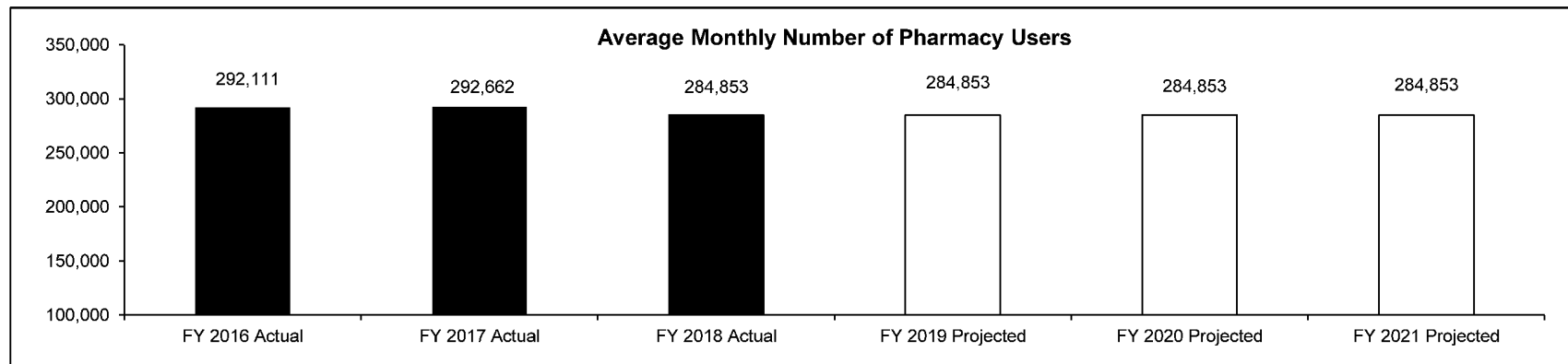
- Maintenance and Updates to Fiscal and Clinical Edits
- Quarterly Updates to the Missouri Maximum Allowable Cost (MACs)
- Prospective and Retrospective Drug Use for Drug Utilization Review (DUR)
- Routine/Ad hoc Drug Information Research
- Enrollment and Administration of Case Management
- Preferred Drug List (PDL) and Supplemental Rebates
- *See the Pharmacy tab for more details on these initiatives*

Clinical

Major Clinical Services initiatives include:

- Smart Prior Authorization (PA) for Durable Medical Equipment (DME), Optical, Psychology, and Medical Services
- Home and Community Based Services (HCBS) prior authorizations
- Psychology and Bone Marrow Consultants
- Optical Program
- Medical Evidence-Based Guidelines - Oregon HealthCare Contract

2a. Provide an activity measure for the program.



PROGRAM DESCRIPTION

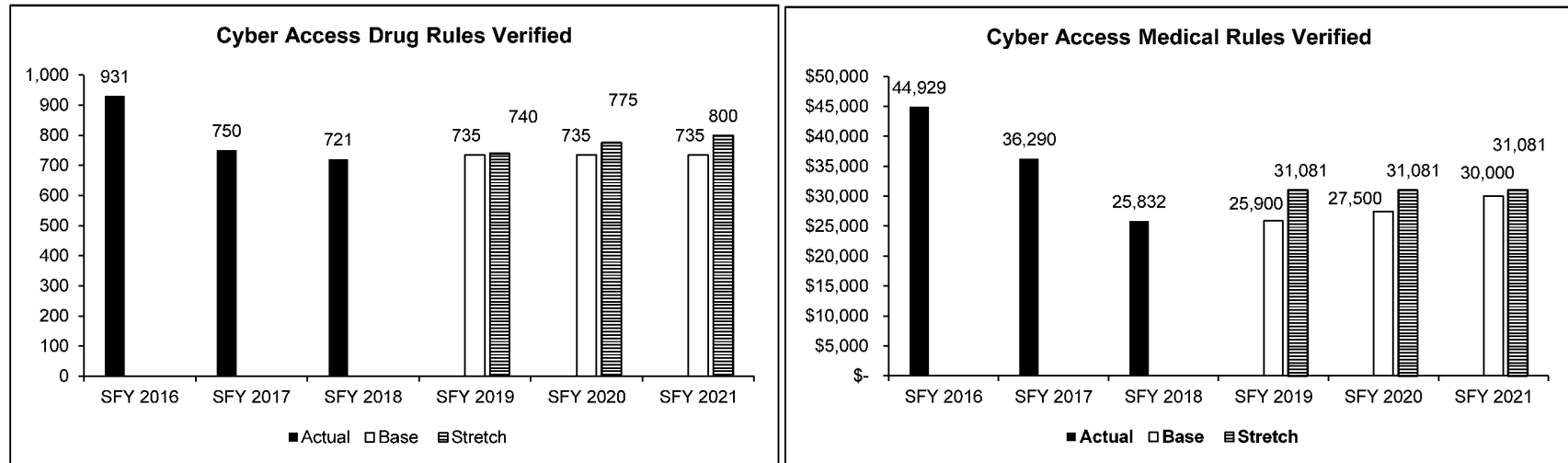
Department: Social Services

HB Section(s): 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

2b. Provide a measure of the program's quality.



When providers verify rules prior to claim submission it prevents claims from being denied and prevents additional unnecessary provider contact.

PROGRAM DESCRIPTION

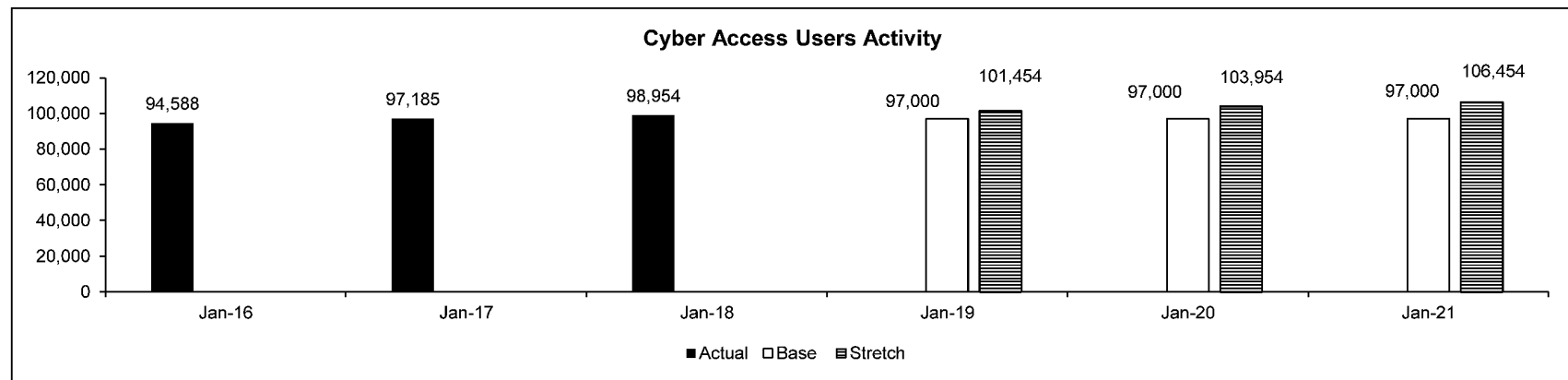
Department: Social Services

HB Section(s): 11.405

Program Name: Clinical Services Program Management

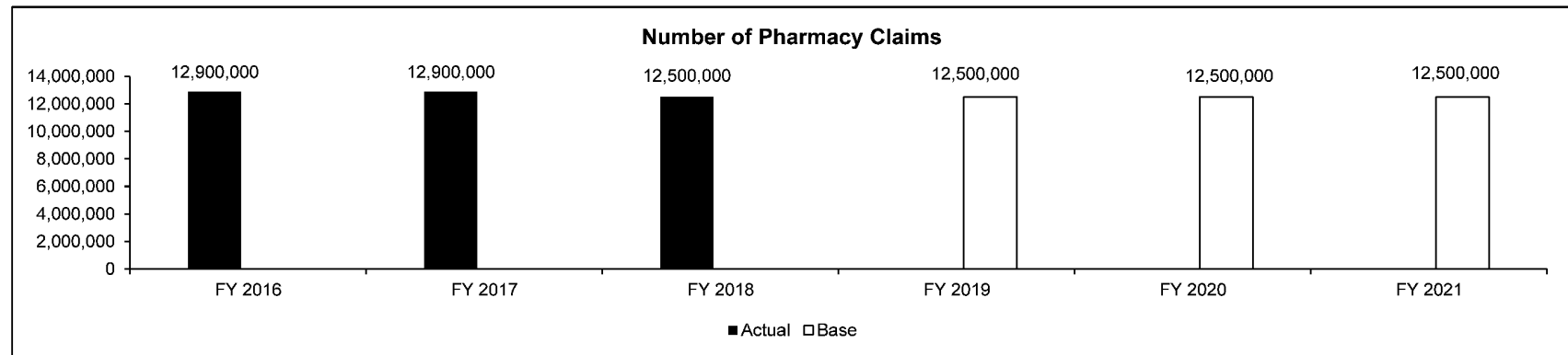
Program is found in the following core budget(s): Clinical Services Program Management

2c. Provide a measure of the program's impact.



An increase in Cyber Access User Activity would prevent additional unnecessary provider contact.

2d. Provide a measure of the program's efficiency.



PROGRAM DESCRIPTION

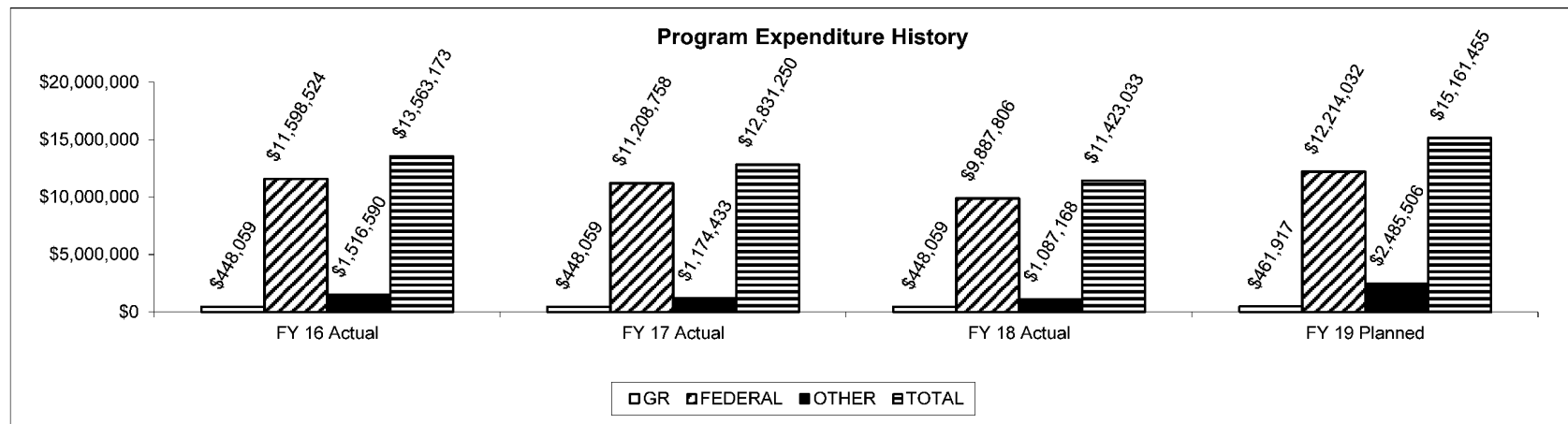
Department: Social Services

HB Section(s): 11.405

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Pharmacy Rebate Fund (0114), Third Party Liability Fund (0120), and Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.201, RSMO.; Federal law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

6. Are there federal matching requirements? If yes, please explain.

Generally, MO HealthNet administrative expenditures earn a 50% federal match. The Clinical Management Services for Pharmacy and Prior Authorization is matched at 75%.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

TPL Contracts

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C
HB Section: 11.415

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					FY 2020 Governor's Recommendation						
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE		4,250,000	4,250,000	8,500,000		EE				0	
PSD						PSD					
TRF						TRF					
Total	0	4,250,000	4,250,000	8,500,000		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Third Party Liability Collections Fund (TPL) (0120) - \$4,250,000

Other Funds:

2. CORE DESCRIPTION

This item funds contracted third party liability (TPL) recovery activities. TPL functions are performed by agency staff in the MO HealthNet Division TPL Unit and by a contractor. This core appropriation represents expense and equipment funding which is used to make payments to the contractor who works with the agency on TPL recovery activities.

3. PROGRAM LISTING (list programs included in this core funding)

Third Party Liability Contracts

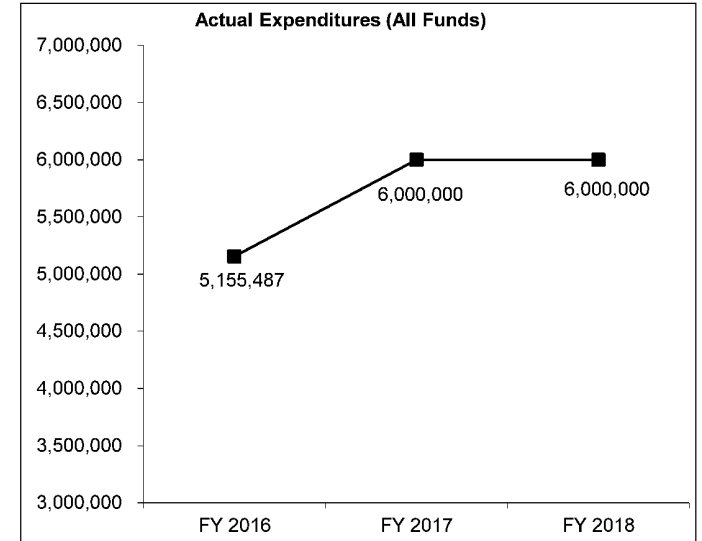
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C
HB Section: 11.415

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	6,000,000	6,000,000	6,000,000	8,500,000
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	6,000,000	6,000,000	6,000,000	8,500,000
Actual Expenditures (All Funds)	5,155,487	6,000,000	6,000,000	N/A
Unexpended (All Funds)	844,513	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	422,256	0	0	N/A
Other	422,256	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
TPL CONTRACTS**

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	0	3,000,000	3,000,000	6,000,000	
		PD	0.00	0	1,250,000	1,250,000	2,500,000	
		Total	0.00	0	4,250,000	4,250,000	8,500,000	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	1007 1392	EE	0.00	0	1,250,000	0	1,250,000	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1007 1393	EE	0.00	0	0	1,250,000	1,250,000	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1007 1392	PD	0.00	0	(1,250,000)	0	(1,250,000)	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1007 1393	PD	0.00	0	0	(1,250,000)	(1,250,000)	Core reallocations will more closely align the budget with planned expenditures
NET DEPARTMENT CHANGES			0.00	0	0	0	0	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	4,250,000	4,250,000	8,500,000	
		PD	0.00	0	0	0	0	
		Total	0.00	0	4,250,000	4,250,000	8,500,000	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	4,250,000	4,250,000	8,500,000	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
TPL CONTRACTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
TPL CONTRACTS									
CORE									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	3,000,000	0.00	3,000,000	0.00	4,250,000	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	3,000,000	0.00	3,000,000	0.00	4,250,000	0.00	0	0.00	
TOTAL - EE	6,000,000	0.00	6,000,000	0.00	8,500,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,250,000	0.00	0	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	0	0.00	1,250,000	0.00	0	0.00	0	0.00	
TOTAL - PD	0	0.00	2,500,000	0.00	0	0.00	0	0.00	
TOTAL	6,000,000	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00	
GRAND TOTAL	\$6,000,000	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TPL CONTRACTS								
CORE								
PROFESSIONAL SERVICES	6,000,000	0.00	6,000,000	0.00	8,500,000	0.00	0	0.00
TOTAL - EE	6,000,000	0.00	6,000,000	0.00	8,500,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	0	0.00	2,500,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	2,500,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$6,000,000	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$3,000,000	0.00	\$4,250,000	0.00	\$4,250,000	0.00		0.00
OTHER FUNDS	\$3,000,000	0.00	\$4,250,000	0.00	\$4,250,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.415

Program Name: MO HealthNet

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

1a. What strategic priority does this program address?

Reduce Medicaid overall costs

1b. What does this program do?

The TPL program utilizes a combination of contractor and state staff resources to research and identify potentially liable third party sources and then pursues those alternative payment methods. MO HealthNet is able to avoid and/or recover costs for medical services provided to the state's Medicaid population. While this appropriation only funds the TPL contractor, both contractor and state staff responsibilities are discussed below (Personal Service and Expense and Equipment, which fund the MO HealthNet TPL Unit, are appropriated under MO HealthNet Administration). Even though some responsibilities are shared, the TPL Unit and the contractor each perform specific cost saving and recovery activities. The contractor focuses on bulk billings to insurance carriers and other third parties and data matches to identify potential third parties. The following list itemizes the activities performed by the contractor:

- Health insurance billing and follow-up;
- Data matches and associated billing (Tricare, Missouri Consolidated Health Care Plan, and other insurance carriers such as Blue Cross Blue Shield, United Healthcare, and Aetna);
- Provide TPL information for state files;
- Post accounts receivable data to the state A/R system; and
- Maintain insurance billing files.

Program Objectives

To recover funds:

- From third-party sources when liability at the time of service had not yet been determined;
- When the third-party source was not known at the time of MO HealthNet payment; and
- For services that are federally mandated to be paid and then pursued.

Reimbursement Methodology

The TPL contracts appropriation allows for payment to the contractor who works with the agency on TPL recovery and cost avoidance activities. The contractor is paid for its recovery services through a contingency contract rate for cash recoveries of 8% for the first \$60 million recovered and then upto 15% for any recoveries over \$60 million, which resets annually. There is also a "per member per month" (PMPM) rate of \$0.235 for cost avoidance services which is based on currently enrolled participants. Health plans in the MO HealthNet Managed Care program are responsible for the TPL activities related to plan enrollees.

PROGRAM DESCRIPTION

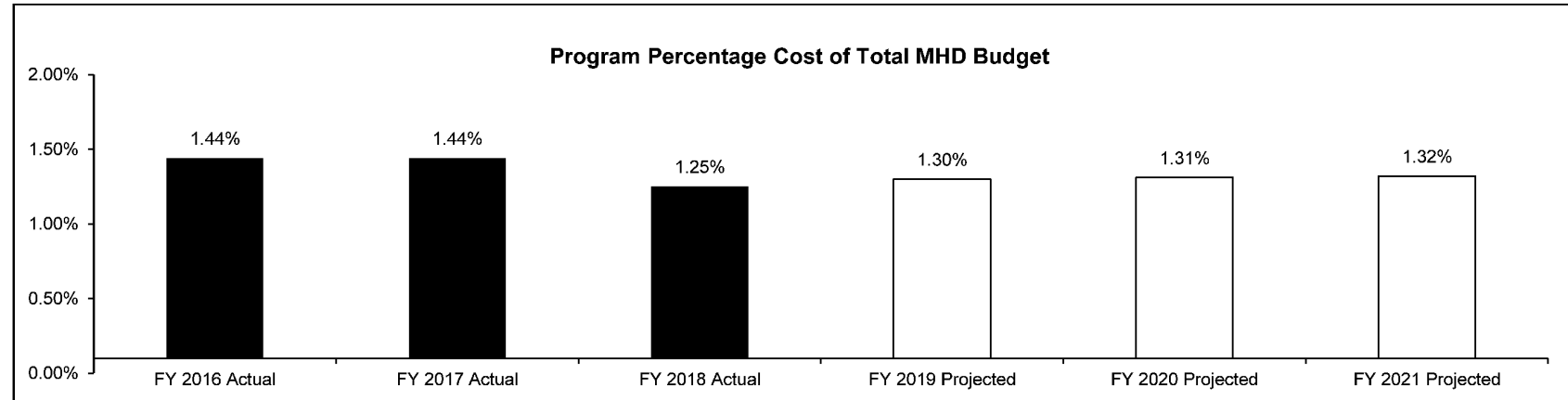
Department: Social Services

HB Section(s): 11.415

Program Name: MO HealthNet

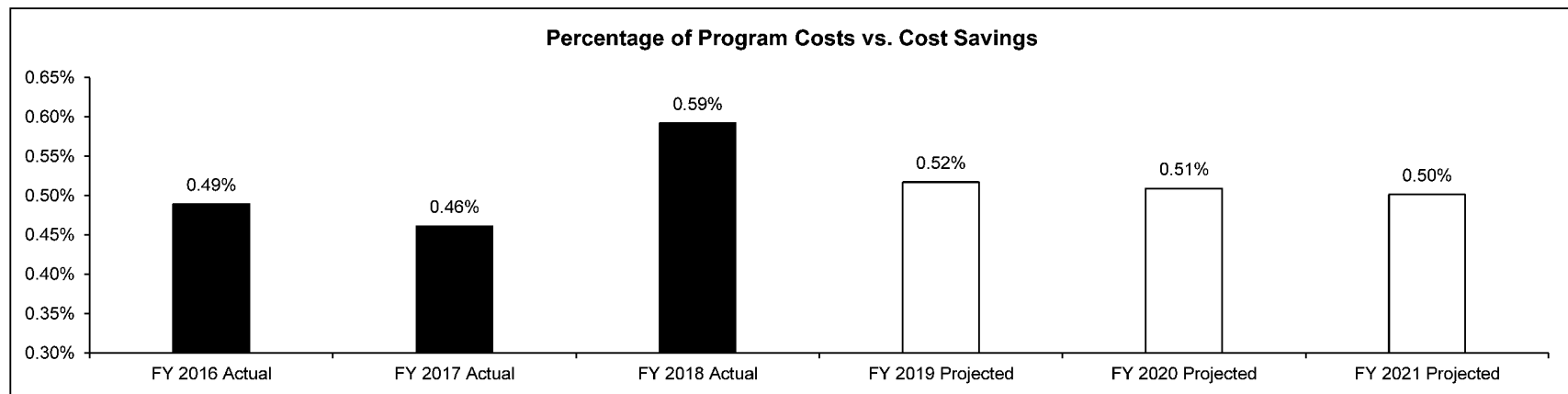
Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

2a. Provide an activity measure for the program.



* Increase to TPL percentage of budget based on projected increase in contract cost

2b. Provide a measure of the program's quality.



PROGRAM DESCRIPTION

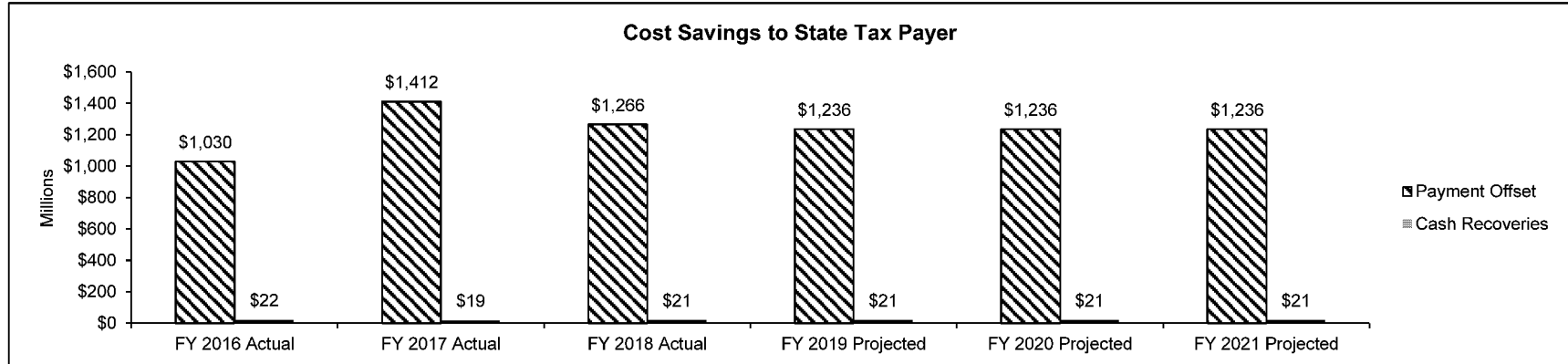
Department: Social Services

HB Section(s): 11.415

Program Name: MO HealthNet

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

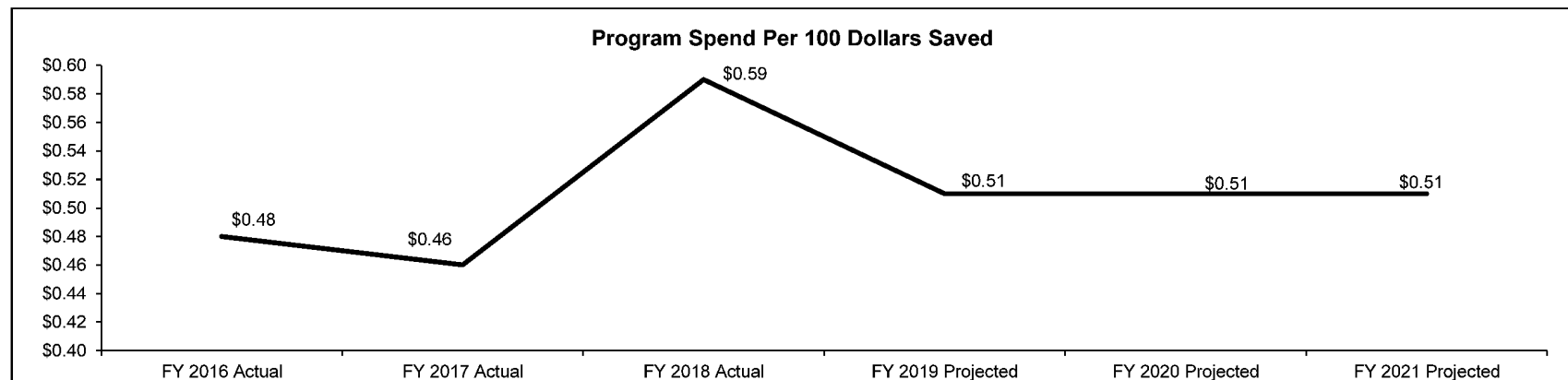
2c. Provide a measure of the program's impact.



* decrease in cost savings is due to some of that savings being redirected through managed care

2d. Provide a measure of the program's efficiency.

In FY 18 Recoveries and TPL Programs cost the tax payer 59 cents for every \$100 saved



PROGRAM DESCRIPTION

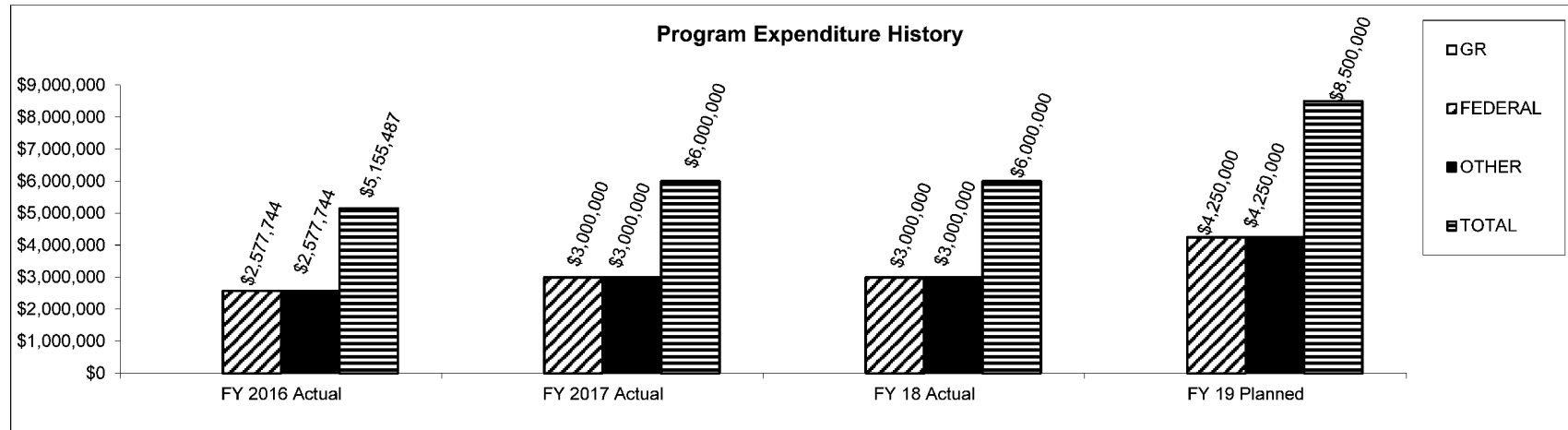
Department: Social Services

HB Section(s): 11.415

Program Name: MO HealthNet

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year; and, when available, the Governor's recommended funding for the upcoming fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Third Party Liability Collections Fund (0120)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State: Sections 198.090, 208.101, 208.153, 208.166, 208.215, 473.398, and 473.399, RSMo. 13 CSR 70-4.120., 13 CSR 0-1.010 Federal Law: Social Security Act, Section 1902, 1930, 1906, 1912, 1917; Federal regulation: 42 CFR 433 Subpart D.

6. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match.

7. Is this a federally mandated program? If yes, please explain.

By Federal Statute Sec. 1102 of the Social Security Act (42 U.S.C. 1302) and federal regulation, (42 CFR 433.138) - Identifying liable third parties, States are required to pursue all other available third party resources, who must meet their legal obligation to pay claims before the MO HealthNet program pays for the care of a participant. Missouri is required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services that are available under the Medicaid State Plan.

Information Systems

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Information Systems

Budget Unit: 90522C
HB Section: 11.420

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE	21,575,946	61,206,126	2,021,687	84,803,759		EE				0	
PSD		1		1		PSD					
TRF						TRF					
Total	21,575,946	61,206,127	2,021,687	84,803,760		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Uncompensated Care Fund (0108) - \$430,000
Health Initiatives Fund (0275) - \$1,591,687

Other Funds:

2. CORE DESCRIPTION

This core request is for the continued funding of MO HealthNet's Information Systems (IS). Core funding is used to pay for the Medicaid Management Information Systems (MMIS) contract. The MMIS contractor processes fee-for-service (FFS) claims and managed care encounter data and calculates provider and health plan payments. Managed care encounter data is processed through the system similar to FFS claims. The data is used by the Managed Care Unit for contract administration and rate setting purposes.

3. PROGRAM LISTING (list programs included in this core funding)

Information Systems

CORE DECISION ITEM

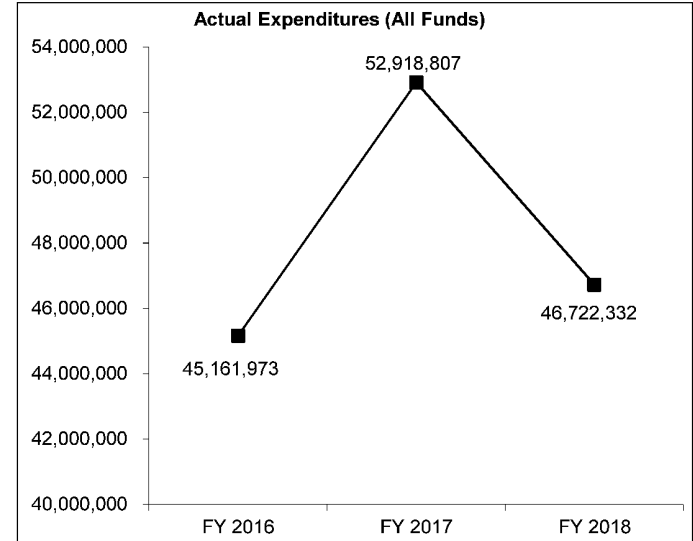
Department: Social Services
Division: MO HealthNet
Core: Information Systems

Budget Unit: 90522C

HB Section: 11.420

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	64,808,320	81,308,320	67,463,130	84,803,760
Less Reverted (All Funds)	(269,339)	(389,339)	(401,065)	(695,029)
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	64,538,981	80,918,981	67,062,065	84,108,731
Actual Expenditures (All Funds)	45,161,973	52,918,807	46,722,332	N/A
Unexpended (All Funds)	19,377,008	28,000,174	20,339,733	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	19,377,008	28,000,174	20,339,733	N/A
Other	0	0	0	N/A
	(1)			(2)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - There were agency reserves of \$387,632 federal funds.

(2) FY19 - Funding was reallocated from various program lines to the Information Systems section to pay for contract expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
INFORMATION SYSTEMS**

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	20,880,065	57,630,042	2,021,687	80,531,794	
		PD	0.00	695,881	3,576,085	0	4,271,966	
		Total	0.00	21,575,946	61,206,127	2,021,687	84,803,760	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	1008 1438	EE	0.00	695,881	0	0	695,881	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1008 1439	EE	0.00	0	3,576,084	0	3,576,084	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1008 1438	PD	0.00	(695,881)	0	0	(695,881)	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1008 1439	PD	0.00	0	(3,576,084)	0	(3,576,084)	Core reallocations will more closely align the budget with planned expenditures
NET DEPARTMENT CHANGES			0.00	0	0	0	0	
DEPARTMENT CORE REQUEST								
		EE	0.00	21,575,946	61,206,126	2,021,687	84,803,759	
		PD	0.00	0	1	0	1	
		Total	0.00	21,575,946	61,206,127	2,021,687	84,803,760	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	21,575,946	61,206,126	2,021,687	84,803,759	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
INFORMATION SYSTEMS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	1	0	1	
	Total	0.00	21,575,946	61,206,127	2,021,687	84,803,760	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	11,423,835	0.00	20,880,065	0.00	21,575,946	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	33,324,561	0.00	57,630,042	0.00	61,206,126	0.00	0	0.00
UNCOMPENSATED CARE FUND	430,000	0.00	430,000	0.00	430,000	0.00	0	0.00
HEALTH INITIATIVES	1,543,936	0.00	1,591,687	0.00	1,591,687	0.00	0	0.00
TOTAL - EE	46,722,332	0.00	80,531,794	0.00	84,803,759	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	695,881	0.00	0	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	3,576,085	0.00	1	0.00	0	0.00
TOTAL - PD	0	0.00	4,271,966	0.00	1	0.00	0	0.00
TOTAL	46,722,332	0.00	84,803,760	0.00	84,803,760	0.00	0	0.00
MMIS: Development Existing Sys - 1886025								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	1,335,750	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	5,979,250	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	7,315,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	7,315,000	0.00	0	0.00
MMIS: Replacement and Admin - 1886026								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	2,650,000	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	3,850,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	6,500,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	6,500,000	0.00	0	0.00
MMIS: Health Info Exchange - 1886027								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	2,860,624	0.00	0	0.00

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
INFORMATION SYSTEMS									
MMIS: Health Info Exchange - 1886027									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	2,860,624	0.00	0	0.00	
TOTAL - EE	0	0.00	0	0.00	5,721,248	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,721,248	0.00	0	0.00	
GRAND TOTAL	\$46,722,332	0.00	\$84,803,760	0.00	\$104,340,008	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90522C BUDGET UNIT NAME: Information Systems HOUSE BILL SECTION: 11.420	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;">Total</td> <td style="text-align: right; width: 15%;">% Flex</td> <td style="text-align: right; width: 15%;">Flex Amount</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">\$104,340,008</td> <td style="text-align: right;">0.25%</td> <td style="text-align: right;">\$260,850</td> <td>Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.</td> </tr> </table>		Total	% Flex	Flex Amount		\$104,340,008	0.25%	\$260,850	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total	% Flex	Flex Amount							
\$104,340,008	0.25%	\$260,850	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.	.25% flexibility is being requested for FY20							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.								

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
CORE								
COMMUNICATION SERV & SUPP	0	0.00	898	0.00	2	0.00	0	0.00
PROFESSIONAL SERVICES	46,722,332	0.00	80,530,896	0.00	84,803,757	0.00	0	0.00
TOTAL - EE	46,722,332	0.00	80,531,794	0.00	84,803,759	0.00	0	0.00
PROGRAM DISTRIBUTIONS	0	0.00	4,271,966	0.00	1	0.00	0	0.00
TOTAL - PD	0	0.00	4,271,966	0.00	1	0.00	0	0.00
GRAND TOTAL	\$46,722,332	0.00	\$84,803,760	0.00	\$84,803,760	0.00	\$0	0.00
GENERAL REVENUE	\$11,423,835	0.00	\$21,575,946	0.00	\$21,575,946	0.00		0.00
FEDERAL FUNDS	\$33,324,561	0.00	\$61,206,127	0.00	\$61,206,127	0.00		0.00
OTHER FUNDS	\$1,973,936	0.00	\$2,021,687	0.00	\$2,021,687	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

1a. What strategic priority does this program address?

Timely automated processing and reporting

1b. What does this program do?

The Information Systems (IS) program area manages the Medicaid Management Information System (MMIS) and the contracts with the vendors that develop, operate, and maintain the system. The primary functions of the MMIS include claims and encounter processing, calculating provider payments, healthcare service provider management, drug rebate invoicing and collection, processing third party liability, federal financial reporting, administrative workflow management, and reporting and analytics. The primary goal of the MMIS is to support the operation of the MO HealthNet Program by accomplishing the following:

- Automation of key business processes to support the program policies and processes and to ensure compliance with federal and state law;
- Access for providers and users to program and participant eligibility information required to support provision of services to program participants;
- Timely and accurate claims processing and payment to providers;
- Timely and accurate processing of capitation payments to Managed Care health plans;
- Accurate reporting of program costs and outcomes to Centers for Medicare & Medicaid Services (CMS) and maximization of federal financial participation;
- Comprehensive and accurate reporting and analytics services and sharing of claims data to support administrative and program decision support, monitoring of program metrics, and improvements in program quality and care management;
- Ongoing system modifications to support new program initiatives, meet changing federal and state program requirements, further business automation; and
- Procurement and implementation of replacement MMIS subsystems and services in compliance with federal MMIS enhanced funding requirements.

The state receives enhanced federal funding for the development and operation of the MMIS. The IS program area manages the enhanced funding including review of CMS regulations and guidance, the submission of planning documents to CMS to request enhanced funding, and the review and approval of system-related costs.

CMS updated the rule related to the enhanced funding in December 2016 and continues to issue sub-regulatory guidance that is changing the conditions for receiving enhanced funding for investments in Information Technology. The guidance encourages the replacement of legacy MMIS systems such as Missouri's system with more modular and reusable solutions. MO HealthNet is working on several system procurement projects intended to replace MMIS subsystems with solutions utilizing modern technologies and complying with the CMS conditions. The procurement and replacement of MMIS systems requires a multi-year effort and a significant capital investment, but offers future cost savings through technology that is less expensive to operate and maintain and that is more flexible allowing for quicker implementation of program changes. As part of the MMIS procurement effort, MO HealthNet has awarded a contract for a Business Intelligence Solution and Enterprise Data Warehouse (BIS/EDW) and Missouri Medicaid Audit and Compliance (MMAC) has awarded a contract for a Program Integrity Solution.

PROGRAM DESCRIPTION

Department: Social Services

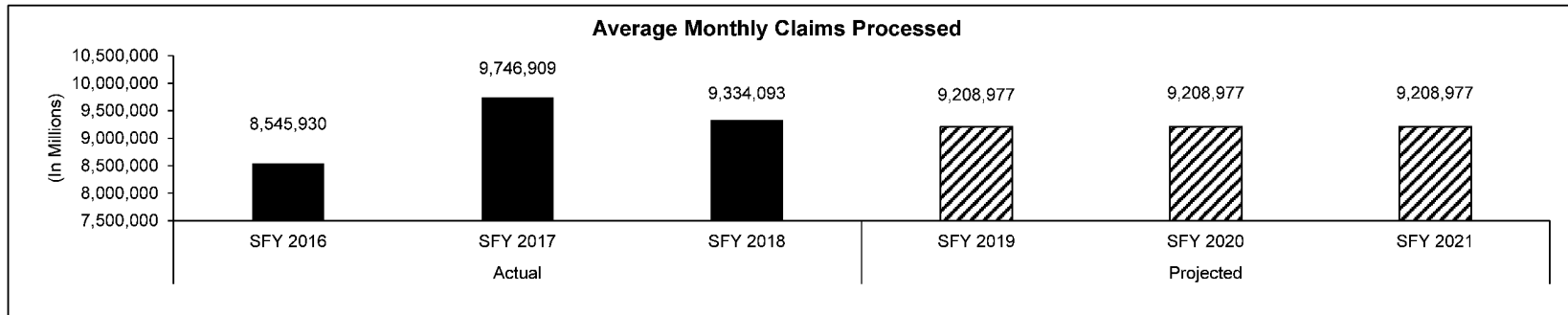
HB Section(s): 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

2a. Provide an activity measure(s) for the program.

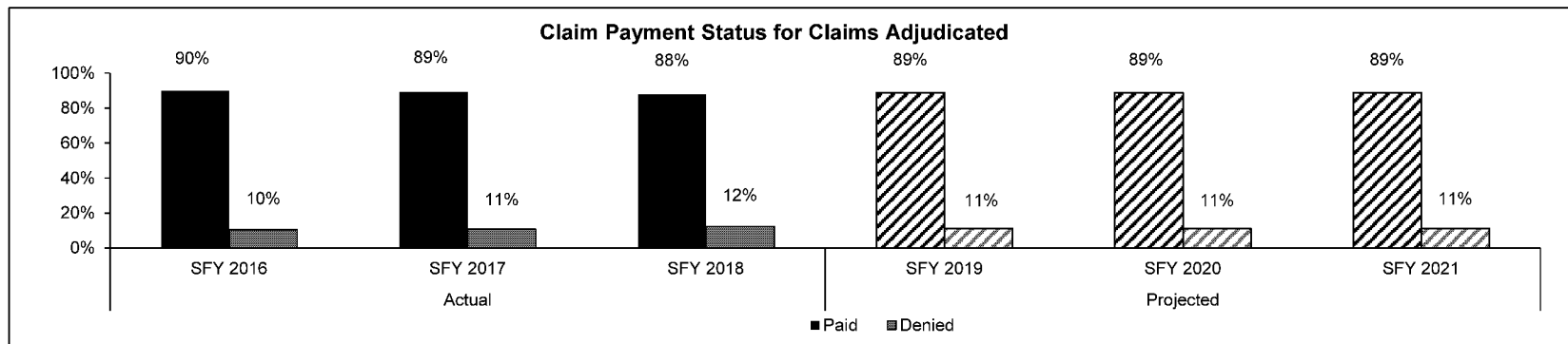
The MMIS supports the program through the automation of business processes allowing the program to complete millions of transactions with providers and health plans utilizing a minimal number of staff.



*Decrease in average number of monthly claims processed due to enrollment decrease.

2b. Provide a measure(s) of the program's quality.

Percentage of claims paid or denied each month by Medicaid Management Information System (MMIS)



PROGRAM DESCRIPTION

Department: Social Services

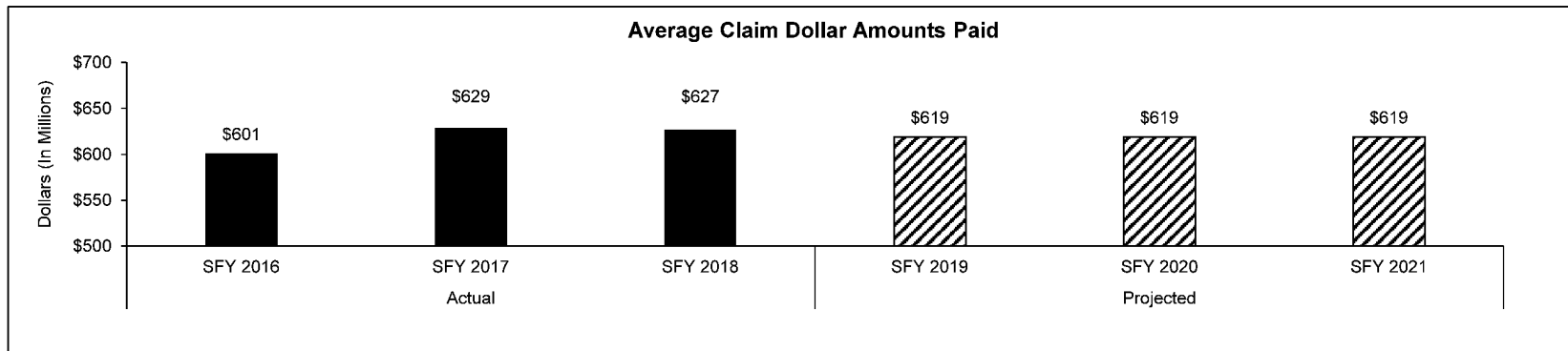
HB Section(s): 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

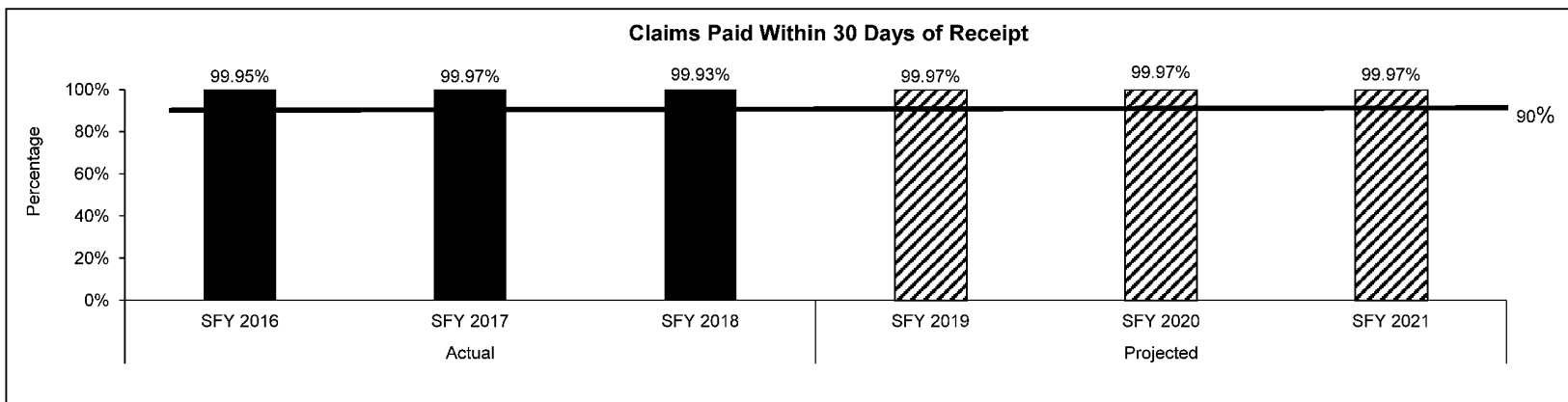
2c. Provide a measure(s) of the program's impact.

Amount paid to providers by MMIS on claims adjudicated monthly during the fiscal year.



2d. Provide a measure(s) of the program's efficiency.

Promptly pay claims to providers per Federal regulation 42 CFR 447.45(d), state must pay 90% of clean claims received within 30 days of receipt.



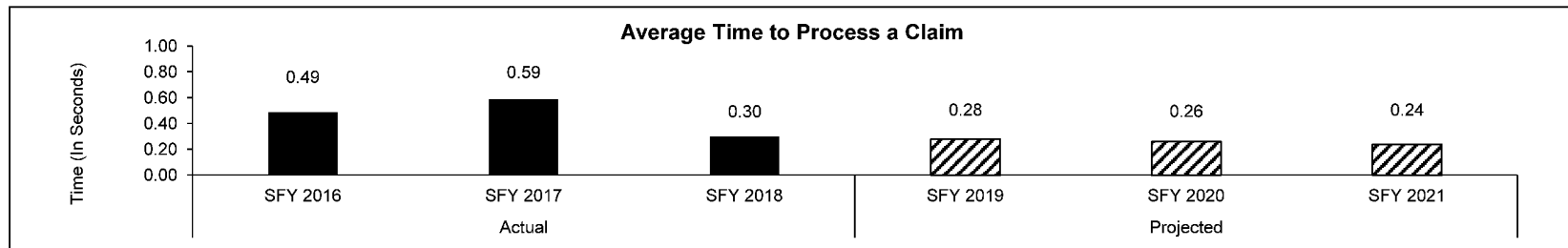
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.420

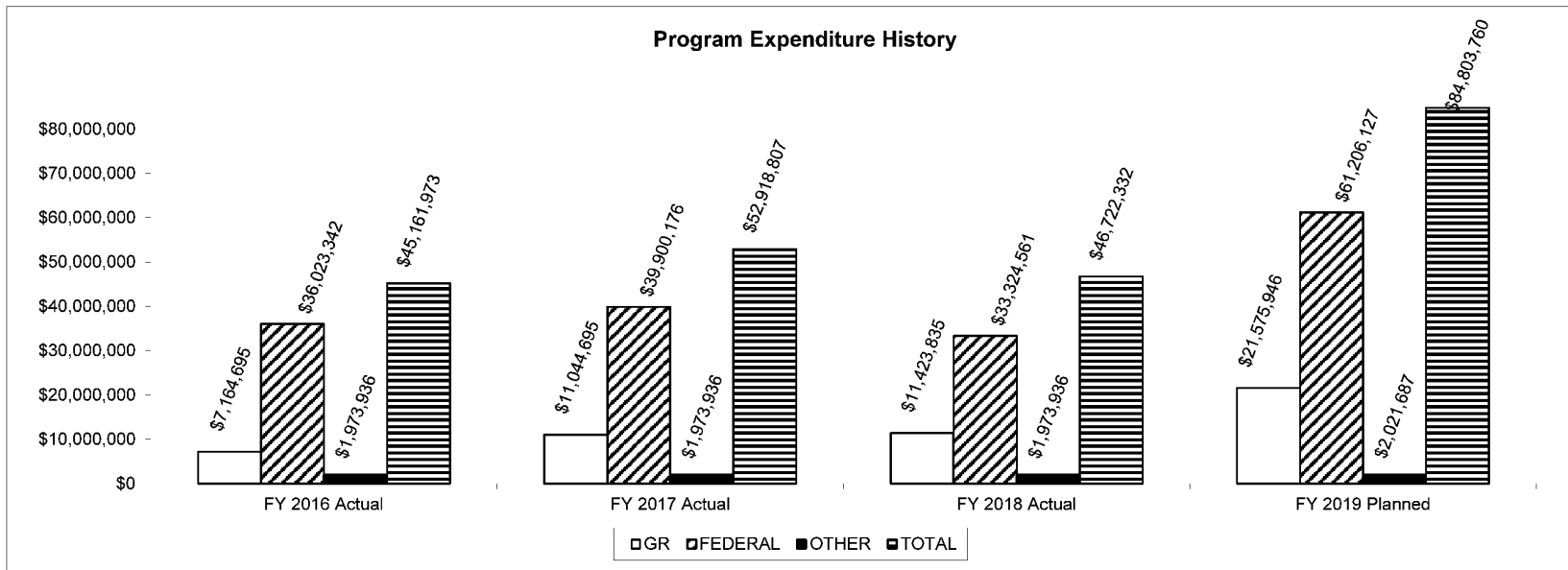
Program Name: Information Systems

Program is found in the following core budget(s): Information Systems



Efficiency Measure: Promptly process "clean" claims in less than one day.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.420

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275)

Uncompensated Care Fund (0108)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.166 and 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4), 1903(a)(3) and 1915(b); Federal Regulation 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment.

6. Are there federal matching requirements? If yes, please explain.

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Functions earning 75% include MMIS base operations and call center operations. Approved system enhancements earn 90% FFP and require 10% state share. Enrollment broker services, postage and General Medicaid administrative expenditures earn 50% FFP and requires 50% state share.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

NEW DECISION ITEM
RANK: 15 OF 51

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: Health Information Exchange

DI# 1886027

HB Section: 11.420

1. AMOUNT OF REQUEST

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE	2,860,624	2,860,624		5,721,248	
PSD					
TRF					
Total	2,860,624	2,860,624	0	5,721,248	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD					
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund Health Information Exchange Services through the Missouri Medicaid Management Information System (MMIS). This will be a new contract for Health Information Network Services, which will include multiple vendors for information exchanges.

This NDI is also needed to fund the Foster Care Pilot Program through the University of Missouri Columbia. This pilot will gather health record information from existing data sources available to the MO HealthNet Division and the providers treating foster children to create a central repository of medical records for each child in foster care. Success is determined by the implementation of a pilot Electronic Health Record program in the Kansas City Metro area and Vernon County.

NEW DECISION ITEM

RANK: 15 OF 51

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: Health Information Exchange

DI# 1886027

HB Section: 11.420

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI is needed to fund Health Information Exchange Services through the Missouri Medicaid Management Information System (MMIS). This will be a new contract for Health Information Network Services, which will include multiple vendors for information exchanges.

This NDI is also needed to fund the Foster Care Pilot Program through the University of Missouri Columbia. This pilot will gather health record information from existing data sources available to the MO HealthNet Division and the providers treating foster children to create a central repository of medical records for each child in foster care. Success is determined by the implementation of a pilot Electronic Health Record program in the Kansas City Metro area and Vernon County.

	GR	Fed	Other	Total	Match Rate
Health Information Network Services	750,000	750,000	0	1,500,000	\$1.5M at 50/50
Foster Care Pilot Contract	2,110,624	2,110,624	0	4,221,248	50/50
TOTAL	2,860,624	2,860,624	0	5,721,248	

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Total EE	2,860,624 <u>2,860,624</u>		2,860,624 <u>2,860,624</u>		0 <u>0</u>		5,721,248 <u>5,721,248</u>		0 <u>0</u>	
Grand Total	<u>2,860,624</u>	<u>0.0</u>	<u>2,860,624</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>	<u>5,721,248</u>	<u>0.0</u>	<u>0</u>	

NEW DECISION ITEM
RANK: 15 OF 51

Department: Social Services

Budget Unit: 90522C

Division: MO HealthNet

DI Name: Health Information Exchange

DI# 1886027

HB Section: 11.420

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)
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6a. Provide an activity measure(s) for the program.

See Information Systems for program measures.

6b. Provide a measure(s) of the program's quality.

See Information Systems for program measures.

6c. Provide a measure(s) of the program's impact.

See Information Systems for program measures.

6d. Provide a measure(s) of the program's efficiency.

See Information Systems for program measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:
--

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS: Health Info Exchange - 1886027								
PROFESSIONAL SERVICES	0	0.00	0	0.00	5,721,248	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	5,721,248	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,721,248	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,860,624	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,860,624	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Electronic Health Records Incentives

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Electronic Health Records Incentives

Budget Unit: 90523C
HB Section: 11.425

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					FY 2020 Governor's Recommendation						
	GR	Federal	Other	Total	E		GR	Fed	Other	Total	E
PS						PS					
EE		1,509,200		1,509,200		EE				0	
PSD		26,490,800		26,490,800		PSD				0	
TRF						TRF					
Total	0	28,000,000	0	28,000,000		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This core request is for funding of the MO HealthNet Electronic Health Record (EHR) Incentive Program, which provides incentive payments to eligible professionals and eligible hospitals that adopt, implement, upgrade, and meaningfully use certified EHR technology.

3. PROGRAM LISTING (list programs included in this core funding)

Electronic Health Records Incentives

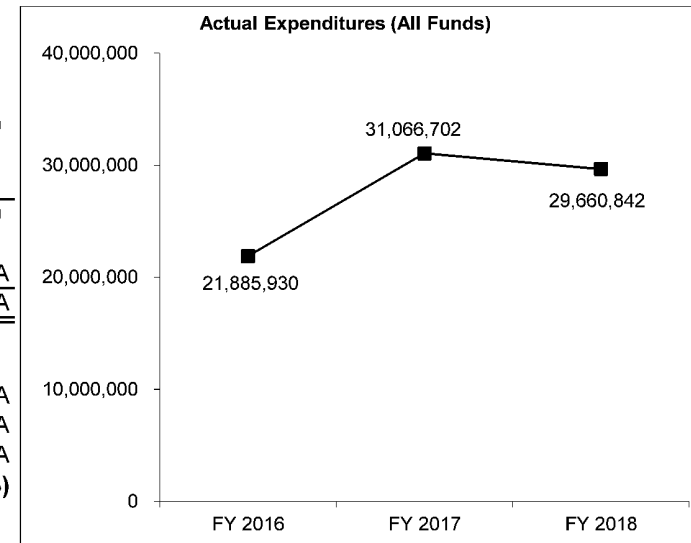
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Electronic Health Records Incentives

Budget Unit: 90523C
HB Section: 11.425

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	60,000,000	40,000,000	35,000,000	28,000,000
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	60,000,000	40,000,000	35,000,000	28,000,000
Actual Expenditures (All Funds)	21,885,930	31,066,702	29,660,842	N/A
Unexpended (All Funds)	38,114,070	8,933,298	5,339,158	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	38,114,070	8,933,298	5,339,158	N/A
Other	0	0	0	N/A
		(1)	(2)	(3)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - Reduction due to excess federal authority.

(2) FY18 - Reduction due to excess federal authority.

(3) FY19 - Reduction due to excess federal authority.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
ELECTRONIC HLTH RECORDS INCNTV**

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	0	1,504,200	0	1,504,200	
		PD	0.00	0	26,495,800	0	26,495,800	
		Total	0.00	0	28,000,000	0	28,000,000	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	1015 7962	EE	0.00	0	5,000	0	5,000	Core reallocations will more closely align the budget with planned expenditures
Core Reallocation	1015 7962	PD	0.00	0	(5,000)	0	(5,000)	Core reallocations will more closely align the budget with planned expenditures
NET DEPARTMENT CHANGES			0.00	0	0	0	0	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	1,509,200	0	1,509,200	
		PD	0.00	0	26,490,800	0	26,490,800	
		Total	0.00	0	28,000,000	0	28,000,000	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	1,509,200	0	1,509,200	
		PD	0.00	0	26,490,800	0	26,490,800	
		Total	0.00	0	28,000,000	0	28,000,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
ELECTRONIC HLTH RECORDS INCNTV									
CORE									
EXPENSE & EQUIPMENT									
FEDERAL STIMULUS-DSS	1,412,222	0.00	1,504,200	0.00	1,509,200	0.00	0	0.00	
TOTAL - EE	1,412,222	0.00	1,504,200	0.00	1,509,200	0.00	0	0.00	
PROGRAM-SPECIFIC									
FEDERAL STIMULUS-DSS	28,248,620	0.00	26,495,800	0.00	26,490,800	0.00	0	0.00	
TOTAL - PD	28,248,620	0.00	26,495,800	0.00	26,490,800	0.00	0	0.00	
TOTAL	29,660,842	0.00	28,000,000	0.00	28,000,000	0.00	0	0.00	
GRAND TOTAL	\$29,660,842	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ELECTRONIC HLTH RECORDS INCNTV								
CORE								
TRAVEL, IN-STATE	0	0.00	1,000	0.00	2,000	0.00	0	0.00
TRAVEL, OUT-OF-STATE	4,933	0.00	3,000	0.00	7,000	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	125	0.00	200	0.00	200	0.00	0	0.00
PROFESSIONAL SERVICES	1,407,164	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - EE	1,412,222	0.00	1,504,200	0.00	1,509,200	0.00	0	0.00
PROGRAM DISTRIBUTIONS	28,248,620	0.00	26,495,800	0.00	26,490,800	0.00	0	0.00
TOTAL - PD	28,248,620	0.00	26,495,800	0.00	26,490,800	0.00	0	0.00
GRAND TOTAL	\$29,660,842	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$29,660,842	0.00	\$28,000,000	0.00	\$28,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.425

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

1a. What strategic priority does this program address?

Encourage provider use of EHRs to transform Medicaid

1b. What does this program do?

Provide financial incentives to specific Medicaid provider types for the purchase and use of certified EHR systems with specific functionality to promote interoperability and facilitate the exchange of electronic health information. Incentive payments are intended to offset the cost of implementing EHR systems – amounts for hospitals are based on a formula primarily driven by the percentage of Medicaid discharges and professionals amounts are set based on a study of the costs of EHR systems.

Payments are spread over three years for hospitals and six years for professionals, including physicians (MDs and DOs), dentists, nurse practitioners, certified nurse midwives, and physician assistants practicing in a PA-led FQHC or RHC. On average hospitals that participate all three years receive \$1.5 million total, distributed in three payments with 50% paid in the first year, 35% in the second and 15% in the third. Professionals can receive up to \$63,750 total, if they participate in the maximum allowed of six years. In order to receive each additional payment, providers are required to demonstrate meaningful use (MU) of the systems by reporting on specific measures. Examples include submitting data to public health registries, providing patients with electronic access to their records and secure electronic messaging, and sending a summary of care record for patients that transition to another setting.

PROGRAM DESCRIPTION

Department: Social Services

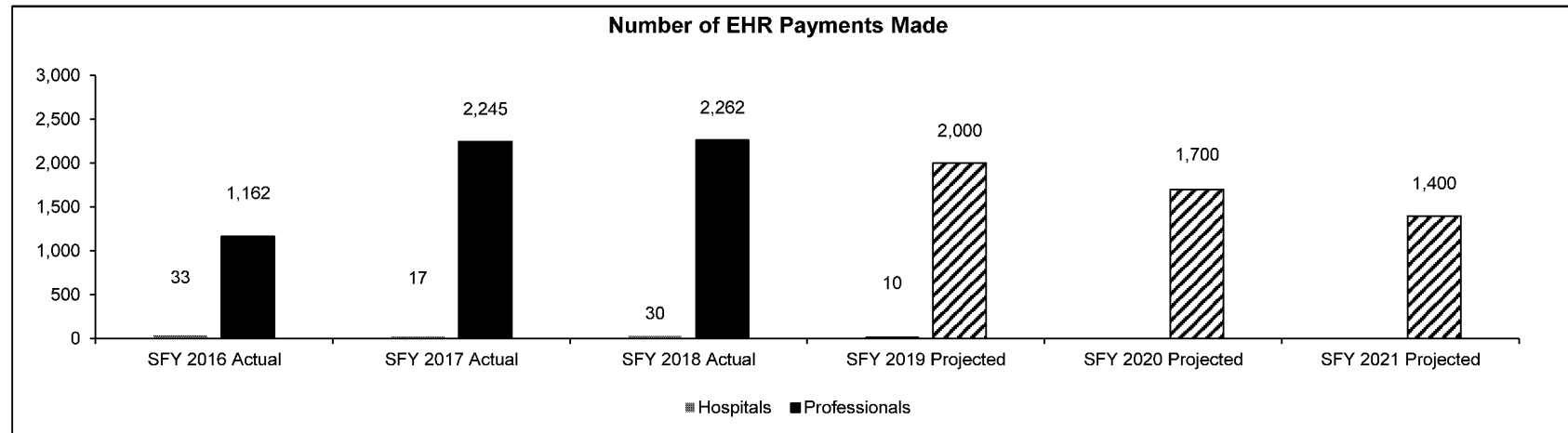
HB Section(s): 11.425

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2a. Provide an activity measure for the program.

In FY 18, a total of 2,292 incentive payments were dispersed in the amount of \$28.2 million to MO HealthNet providers - \$5.2 million to hospitals (30 payments) and \$23 million to professionals (2,262 payments). The graph shows that as we approach the final year of the program in 2021, the number of payments decreases. The last remaining payments to participating hospitals are expected to be made in SFY 2019. As each year passes, some professionals receive their sixth and final payment.



PROGRAM DESCRIPTION

Department: Social Services

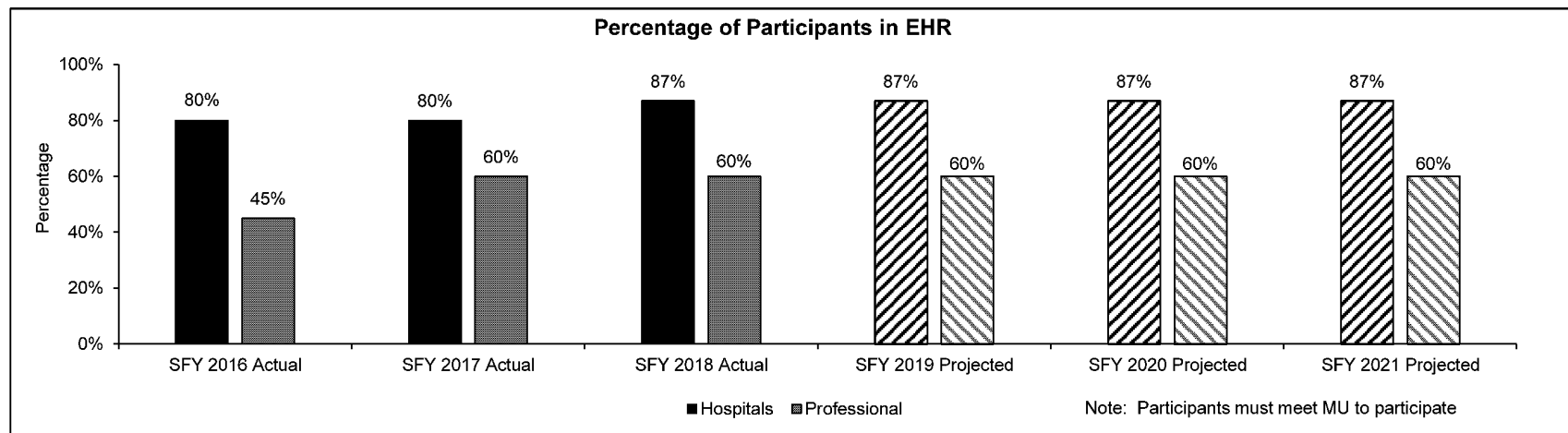
HB Section(s): 11.425

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2b. Provide a measure of the program's quality.

Among participants in the program, 60% of eligible professionals and 87% of eligible hospitals that participated in the program have met meaningful use (MU) requirements in at least one year. The national average for professionals is 50%, the national average for hospitals is 84%.



PROGRAM DESCRIPTION

Department: Social Services

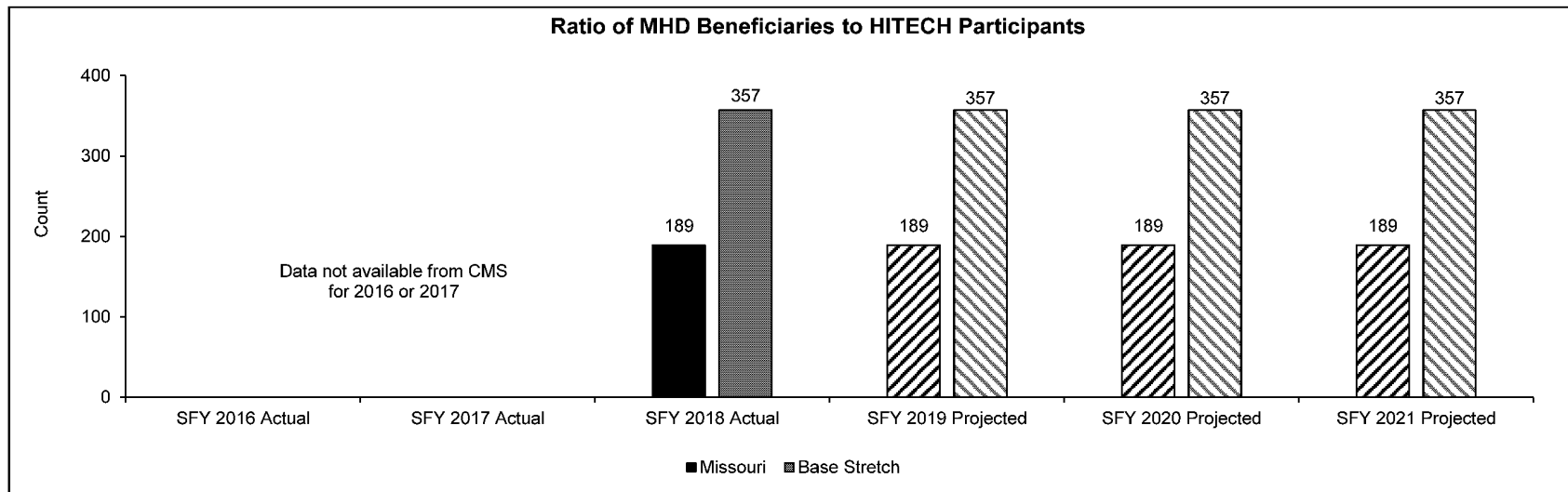
HB Section(s): 11.425

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2c. Provide a measure of the program's impact.

Compared to other states, a recent analysis prepared by the Centers for Medicare and Medicaid Services (CMS) shows that Missouri has a lower ratio of beneficiaries to HITECH participants (the Health Information Technology for Economic and Clinical Health Act (HITECH), Title XIII and Title IV of Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA), which translates to greater access to practices using EHR systems. In Missouri on average each practice that is using certified EHRs to improve care is available to 1 in every 189 Missouri Medicaid patients, compared to the national average of 1 of every 357 patients per practice with an EHR system. Since the program is no longer accepting new provider participants, maintaining this level of access is a stretch goal.



PROGRAM DESCRIPTION

Department: Social Services

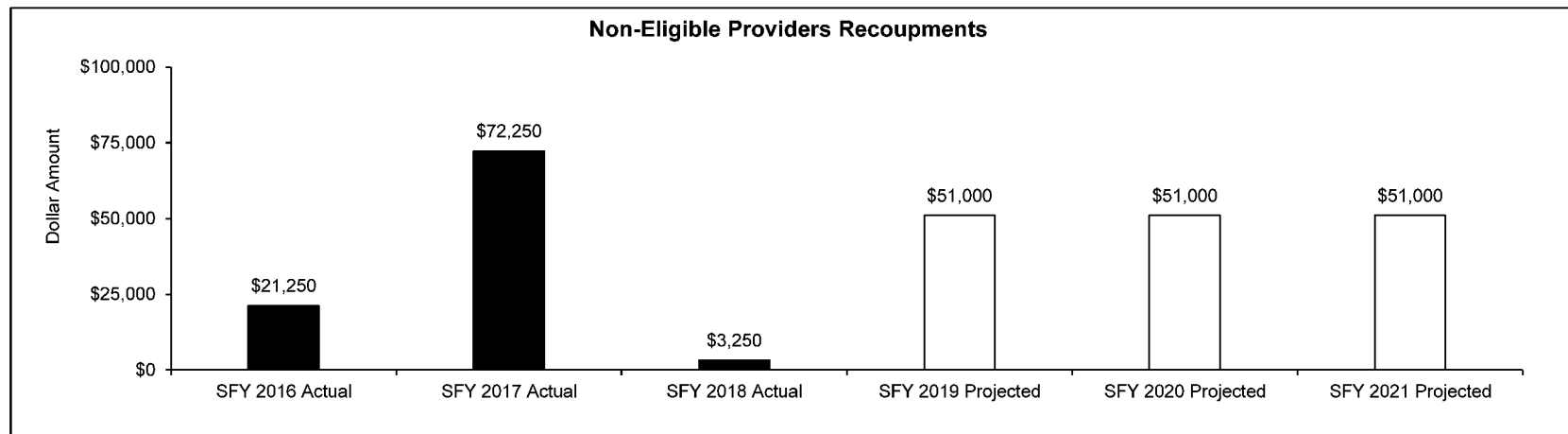
HB Section(s): 11.425

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2d. Provide a measure of the program's efficiency.

On average for the first six program years post payment audits have identified two professionals per year that did not qualify for the program (actual counts ranged from 1 – 6). This demonstrates that pre-payment validation processes are effective, resulting in payments to providers that not eligible occur in less than 1% of applications. To date, payments for all providers identified as ineligible were subsequently recouped. Post payment reviews often lag behind program year payments by 2-3 years, and recoupments collected in a particular year are associated with prior years. No audits were completed in SFY 2018 due to the delay while a new contractor was selected. Projections are based on a maximum of six payments being projected. Each year meaningful use requirements require meeting higher goals, so maintaining a level number of recoupments is a stretch goal.



PROGRAM DESCRIPTION

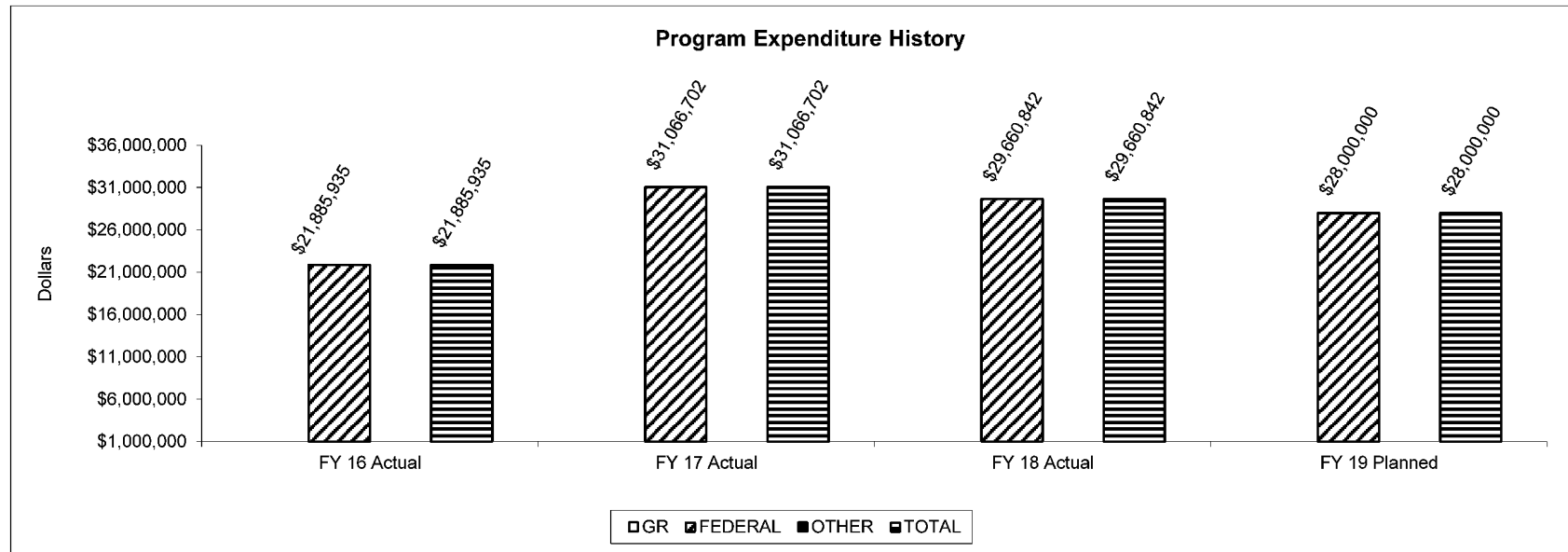
Department: Social Services

HB Section(s): 11.425

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ARRA Section 4201; Federal Regulation: 42 CFR Parts 412, 413, 422 and 495

6. Are there federal matching requirements? If yes, please explain.

Expenditures for healthcare technology incentives are 100% federal funds. Administrative costs earn a 90% federal match.

7. Is this a federally mandated program? If yes, please explain.

No

Money Follows the Person

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Money Follows the Person

Budget Unit: 90524C
HB Section: 11.430

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE		507,549		507,549		EE				0	
PSD		25,000		25,000		PSD					
TRF						TRF					
Total	0	532,549	0	532,549		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds administration of the Money Follows the Person Demonstration (MFP) program which transitions individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state-owned habilitation centers to Home and Community Based Services.

3. PROGRAM LISTING (list programs included in this core funding)

Money Follows the Person

CORE DECISION ITEM

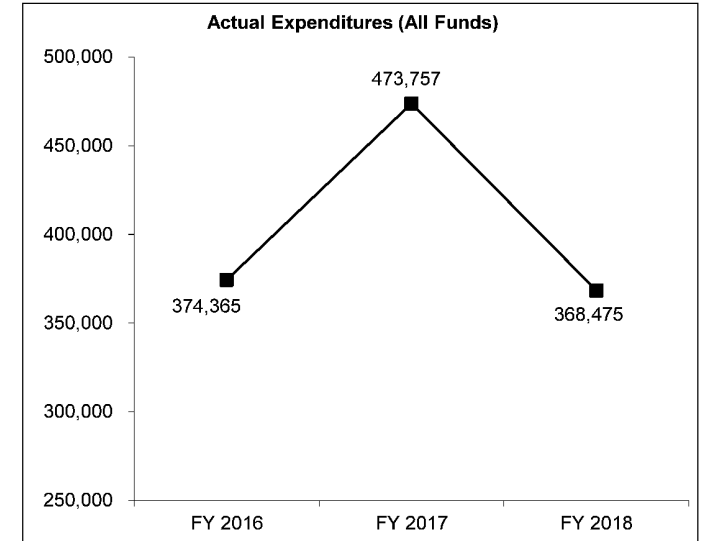
Department: Social Services
Division: MO HealthNet
Core: Money Follows the Person

Budget Unit: 90524C

HB Section: 11.430

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	532,549	532,549	532,549	532,549
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	532,549	532,549	532,549	N/A
Actual Expenditures (All Funds)	374,365	473,757	368,475	N/A
Unexpended (All Funds)	158,184	58,792	164,074	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	158,184	58,792	164,074	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MONEY FOLLOWS THE PERSON GRANT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	0	507,549	0	507,549	
	PD	0.00	0	25,000	0	25,000	
	Total	0.00	0	532,549	0	532,549	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	507,549	0	507,549	
	PD	0.00	0	25,000	0	25,000	
	Total	0.00	0	532,549	0	532,549	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	507,549	0	507,549	
	PD	0.00	0	25,000	0	25,000	
	Total	0.00	0	532,549	0	532,549	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MONEY FOLLOWS THE PERSON GRANT									
CORE									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	325,884	0.00	507,549	0.00	507,549	0.00	0	0.00	
TOTAL - EE	325,884	0.00	507,549	0.00	507,549	0.00	0	0.00	
PROGRAM-SPECIFIC									
DEPT OF SOC SERV FEDERAL & OTH	42,591	0.00	25,000	0.00	25,000	0.00	0	0.00	
TOTAL - PD	42,591	0.00	25,000	0.00	25,000	0.00	0	0.00	
TOTAL	368,475	0.00	532,549	0.00	532,549	0.00	0	0.00	
GRAND TOTAL	\$368,475	0.00	\$532,549	0.00	\$532,549	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MONEY FOLLOWS THE PERSON GRANT								
CORE								
TRAVEL, IN-STATE	582	0.00	1,000	0.00	1,000	0.00	0	0.00
TRAVEL, OUT-OF-STATE	1,194	0.00	1,086	0.00	1,086	0.00	0	0.00
SUPPLIES	660	0.00	675	0.00	675	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	945	0.00	0	0.00	0	0.00	0	0.00
PROFESSIONAL SERVICES	320,043	0.00	503,988	0.00	503,988	0.00	0	0.00
BUILDING LEASE PAYMENTS	900	0.00	150	0.00	150	0.00	0	0.00
MISCELLANEOUS EXPENSES	1,560	0.00	650	0.00	650	0.00	0	0.00
TOTAL - EE	325,884	0.00	507,549	0.00	507,549	0.00	0	0.00
PROGRAM DISTRIBUTIONS	42,591	0.00	25,000	0.00	25,000	0.00	0	0.00
TOTAL - PD	42,591	0.00	25,000	0.00	25,000	0.00	0	0.00
GRAND TOTAL	\$368,475	0.00	\$532,549	0.00	\$532,549	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$368,475	0.00	\$532,549	0.00	\$532,549	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.430

Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

1a. What strategic priority does this program address?

Transition from institutional care to "home"

1b. What does this program do?

This item funds administration of the Money Follows the Person Demonstration (MFP) program which transitions Medicaid eligible individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state owned habilitation centers to Home and Community Based Services (HCBS).

Since the first transition in October 2007 through December 31, 2017, the MFP program has successfully transitioned 1,681 Medicaid eligible individuals from institutional settings to the community. MFP expects to assist in the transition of an additional 219 individuals by December 31, 2018.

Once enrolled, participants reside in the MFP program for 365 community days after which they seamlessly transition to the regular HCBS programs. Eligible individuals who transition from institutionalized settings to HCBS are eligible for enhanced federal match (82.31% FMAP as of FFY 2018) for community services for the first year after transition. After one year, community services provided to MFP participants are earned at the standard FMAP rate. The federal grant also provides up to \$2,400 for demonstration transition services to participants transitioning from a nursing facility as a one-time assistance for transition costs to set up a home in the community.

Due to the expiration of federal grant authority, the MFP grant is due to expire in September of 2020 with the last scheduled transition to occur on December 31, 2018. MHD will continue to follow the participants transitioned for 365 days (including the last transition) through December 31, 2019. MHD will also track/report for 9 months after the one year of follow up to close out the reporting requirements for MFP participants through September 30, 2020.

PROGRAM DESCRIPTION

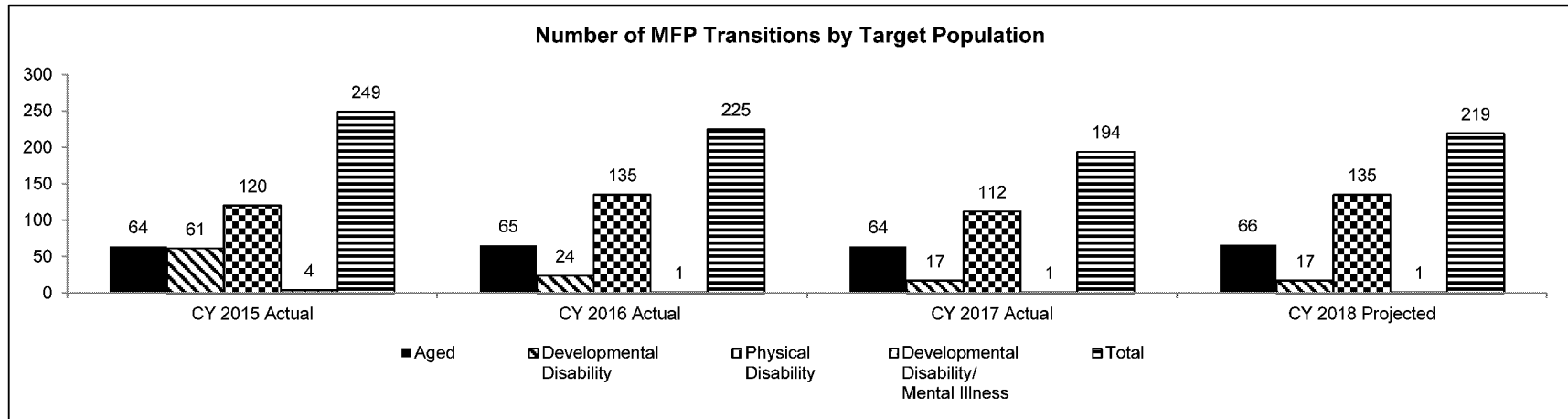
Department: Social Services

HB Section(s): 11.430

Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

2a. Provide an activity measure(s) for the program.



The MFP grant is due to expire in September of 2020 with the last scheduled transition to occur on December 31, 2018. No projections were made after 2018.

PROGRAM DESCRIPTION

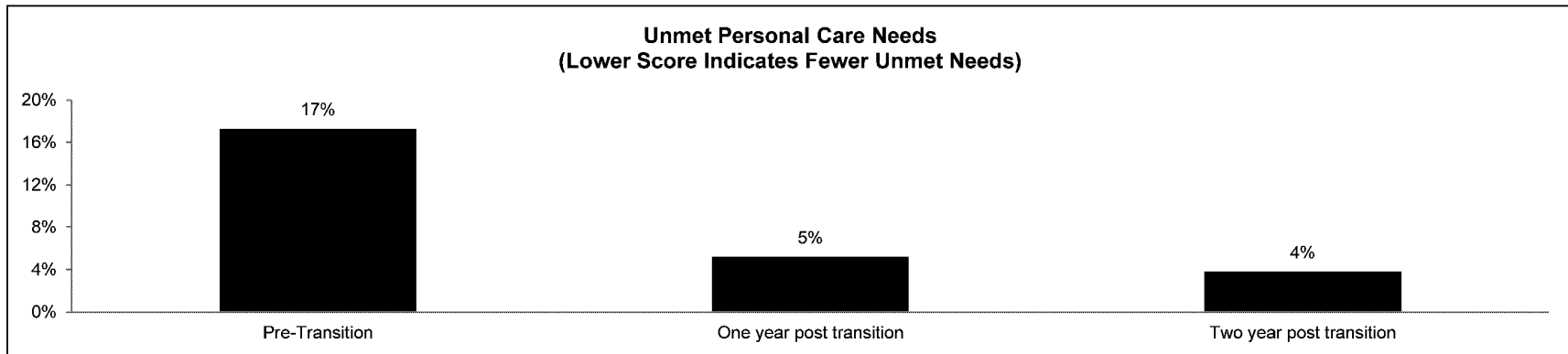
Department: Social Services

HB Section(s): 11.430

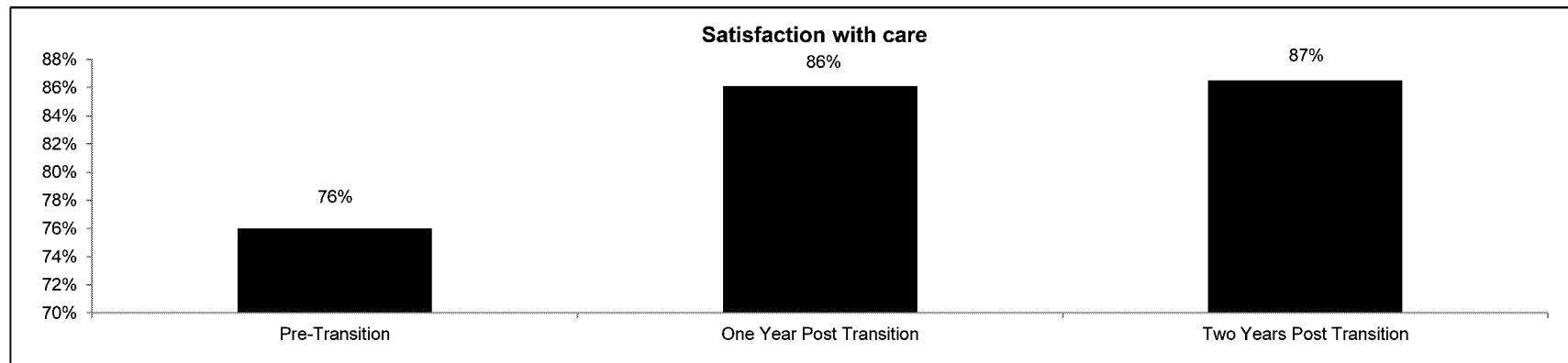
Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

2b. Provide a measure(s) of the program's quality.



Between CY2016 and CY2018 MFTP participants were surveyed on their unmet personal care needs and overall satisfaction with care. Overall, 17.3 percent of participants in the sample reported having unmet needs for personal Care Needs (defined as one or more unmet needs related to eating, bathing, toileting, and medication administration) while in institutional care; this declined to 5.2 and 3.8 percent one and two years later, respectively.



The aspect of care showing the largest improvement was treatment with respect and dignity by providers. Pre-transition, 76 percent of participants reported being treated with respect and dignity; this increased to 86.1 percent one year after transition and 86.5 percent after two years in the community.

PROGRAM DESCRIPTION

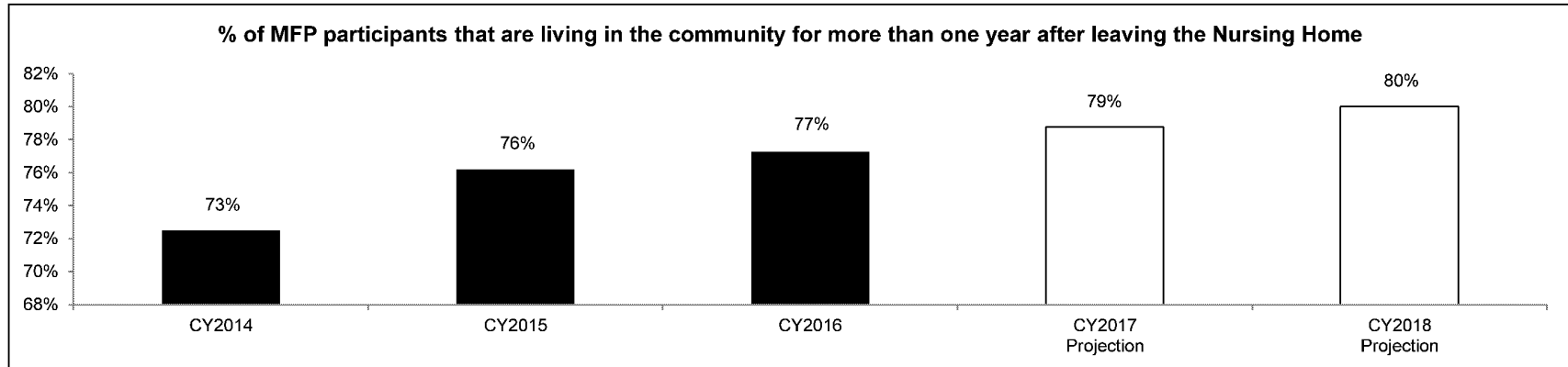
Department: Social Services

HB Section(s): 11.430

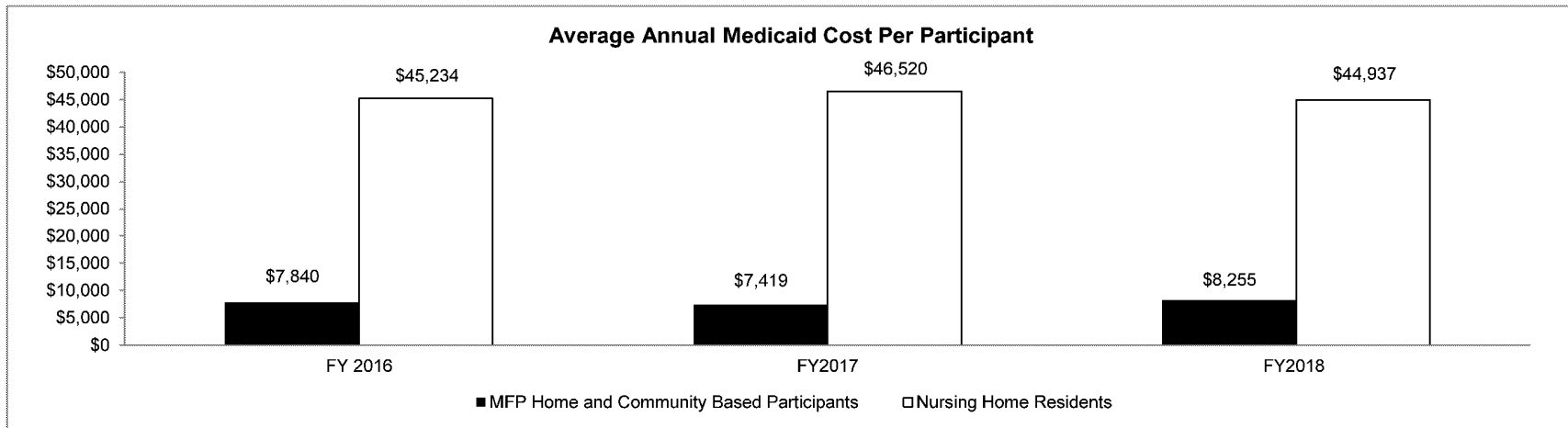
Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.



- The Nursing Home Resident cost excludes the portion of cost that are the responsibility of the participant (Patient surplus).
- MFP Home and Community Based Participants are unduplicated Aged and Disabled participants.

PROGRAM DESCRIPTION

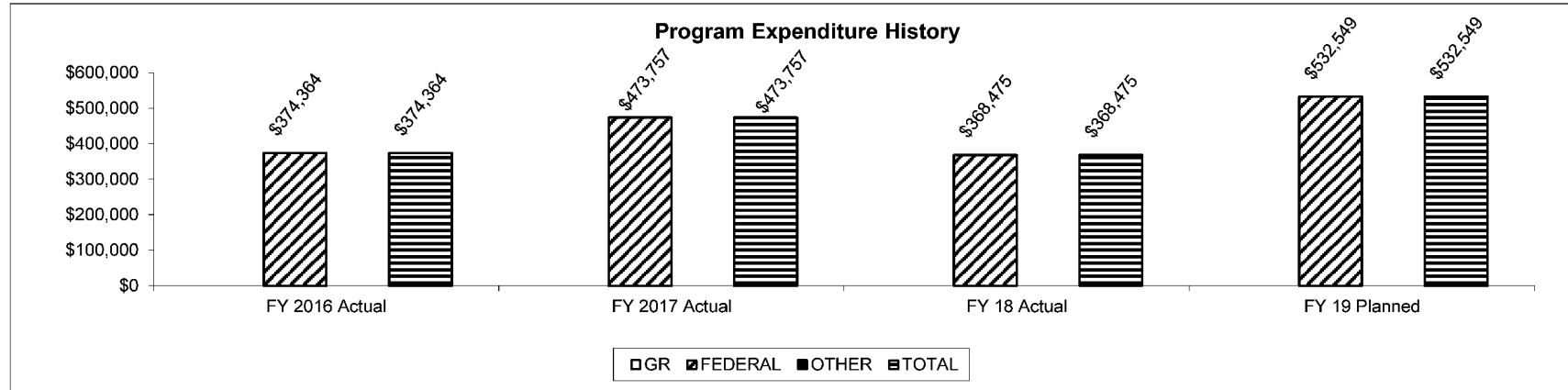
Department: Social Services

HB Section(s): 11.430

Program Name: Money Follows the Person

Program is found in the following core budget(s): Money Follows the Person

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 6071 of the Federal Deficit Reduction Act of 2005; PL 109-171, and amended by the Affordable Care Act, Section 2403.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

Pharmacy

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy

Budget Unit: 90541C
HB Section: 11.435

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE				0	
PSD	79,111,633	761,603,995	322,618,189	1,163,333,817		PSD				0	
TRF						TRF					
Total	79,111,633	761,603,995	322,618,189	1,163,333,817		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Pharmacy Rebates Fund (0114) - \$236,745,912
Third Party Liability Collections Fund (TPL) (0120) - \$4,217,574
Pharmacy Reimbursement Allowance Fund (0144) - \$64,827,527
Health Initiatives Fund (HIF) (0275) - \$3,543,350
Premium Fund (0885) - \$3,800,000
Life Sciences Research Trust Fund (0763) - \$9,483,826

Other Funds:

2. CORE DESCRIPTION

This item funds the pharmacy program which is necessary to maintain pharmacy reimbursement at a sufficient level to ensure quality health care and provider participation. Funding provides pharmacy services for both managed care and fee-for-service populations. Beginning on October 1, 2009, pharmacy services were carved-out of the managed care capitation rates and the state began administering the pharmacy benefit for participants enrolled in managed care as well as participants enrolled in fee-for-service.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy

CORE DECISION ITEM

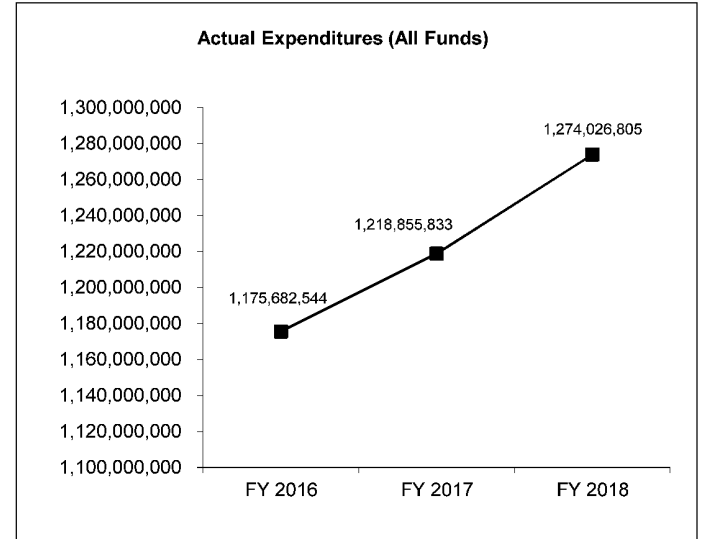
Department: Social Services
Division: MO HealthNet
Core: Pharmacy

Budget Unit: 90541C

HB Section: 11.435

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	1,330,027,082	1,391,717,300	1,274,309,513	1,164,406,241
Less Reverted (All Funds)	(29,079)	0	0	0
Less Restricted (All Funds)	0	(42,800,000)	0	0
Budget Authority (All Funds)	1,329,998,003	1,348,917,300	1,274,309,513	1,164,406,241
Actual Expenditures (All Funds)	1,175,682,544	1,218,855,833	1,274,026,805	N/A
Unexpended (All Funds)	154,315,459	130,061,467	282,708	N/A
Unexpended, by Fund:				
General Revenue	315,714	12,793,886	1,195	N/A
Federal	93,953,604	114,293,459	188,761	N/A
Other	60,046,141	2,974,122	92,752	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - Supplemental Budget of \$73,528,529 GR. Unexpended funds include \$33,718,140 shortfall in tobacco settlement funds to the Healthy Families Trust Fund and the Life Sciences Research Trust Fund; \$15,400,000 shortfall in revenue to the Pharmacy Rebates Fund; and \$1,945,023 shortfall in available revenue to the Pharmacy FRA fund. Expenditures of \$50,174,019 were paid from the Clawback HB Section.

(2) FY17 - Supplemental Budget of \$27,100,000 Pharmacy Rebates Fund. Unexpended Funds include \$12,793,886 from GR; \$40,700,551 from Federal; and \$2,974,122 from PFRA. Expenditures of \$10,305,704 were paid from Pharmacy for Clawback HB Section; \$406,461 were paid from Pharmacy for State Medical; and \$5,368 were paid from Pharmacy for Blind Pension Part D.

(3) FY18 - \$16,408,000 GR and \$13,221,000 Fed was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	79,111,633	761,603,995	323,690,613	1,164,406,241	
				Total	0.00	79,111,633	761,603,995	323,690,613	1,164,406,241	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	950	3051	PD	0.00		0	0	(1,072,424)	(1,072,424)	Corresponding Life Sciences Research Trust Fund core reduction due to GR pickup for Tobacco Fund Shortfall
NET DEPARTMENT CHANGES					0.00	0	0	(1,072,424)	(1,072,424)	
DEPARTMENT CORE REQUEST				PD	0.00	79,111,633	761,603,995	322,618,189	1,163,333,817	
				Total	0.00	79,111,633	761,603,995	322,618,189	1,163,333,817	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	79,111,633	761,603,995	322,618,189	1,163,333,817	
				Total	0.00	79,111,633	761,603,995	322,618,189	1,163,333,817	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY									
CORE									
EXPENSE & EQUIPMENT									
TITLE XIX-FEDERAL AND OTHER	2,459,757	0.00	0	0.00	0	0.00	0	0.00	
PHARMACY REBATES	44,757	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	2,504,514	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	108,330,106	0.00	79,111,633	0.00	79,111,633	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	832,339,081	0.00	761,603,995	0.00	761,603,995	0.00	0	0.00	
PHARMACY REBATES	238,608,403	0.00	236,745,912	0.00	236,745,912	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	4,217,574	0.00	4,217,574	0.00	4,217,574	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	70,127,527	0.00	64,827,527	0.00	64,827,527	0.00	0	0.00	
HEALTH INITIATIVES	3,543,350	0.00	3,543,350	0.00	3,543,350	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	10,556,250	0.00	10,556,250	0.00	9,483,826	0.00	0	0.00	
PREMIUM	3,800,000	0.00	3,800,000	0.00	3,800,000	0.00	0	0.00	
TOTAL - PD	1,271,522,291	0.00	1,164,406,241	0.00	1,163,333,817	0.00	0	0.00	
TOTAL	1,274,026,805	0.00	1,164,406,241	0.00	1,163,333,817	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	23,725,995	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	63,503,998	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	87,229,993	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	87,229,993	0.00	0	0.00	
Pharmacy PMPM Specialty - 1886033									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	16,770,028	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	31,423,861	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	48,193,889	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	48,193,889	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY									
GR Pickup Tobacco CTC - 1886021									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,072,424	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,072,424	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,072,424	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	93,743	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	623,900	0.00	0	0.00	
PHARMACY REBATES	0	0.00	0	0.00	187,792	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	51,422	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	956,857	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	956,857	0.00	0	0.00	
GRAND TOTAL	\$1,274,026,805	0.00	\$1,164,406,241	0.00	\$1,300,786,980	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90541C BUDGET UNIT NAME: Pharmacy HOUSE BILL SECTION: 11.435	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;">Total</td> <td style="text-align: right; width: 10%;">% Flex</td> <td style="text-align: right; width: 10%;">Flex Amount</td> <td style="width: 60%;"></td> </tr> <tr> <td style="text-align: right;">\$1,300,786,980</td> <td style="text-align: right;">0.25%</td> <td style="text-align: right;">\$3,251,967</td> <td>Not more than ten percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.</td> </tr> </table>		Total	% Flex	Flex Amount		\$1,300,786,980	0.25%	\$3,251,967	Not more than ten percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total	% Flex	Flex Amount							
\$1,300,786,980	0.25%	\$3,251,967	Not more than ten percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.	.25% flexibility is being requested for FY20							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.								

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90541C BUDGET UNIT NAME: Pharmacy HOUSE BILL SECTION: 11.435	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$ 1,300,789,980 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$ 130,078,998 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$ 1,300,789,980	% Flex 10%	Flex Amount \$ 130,078,998	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$ 1,300,789,980	% Flex 10%	Flex Amount \$ 130,078,998	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
\$125,472,000	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.	10% flexibility is being requested for FY20			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
CORE								
PROFESSIONAL SERVICES	2,504,514	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	2,504,514	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	1,271,522,291	0.00	1,164,406,241	0.00	1,163,333,817	0.00	0	0.00
TOTAL - PD	1,271,522,291	0.00	1,164,406,241	0.00	1,163,333,817	0.00	0	0.00
GRAND TOTAL	\$1,274,026,805	0.00	\$1,164,406,241	0.00	\$1,163,333,817	0.00	\$0	0.00
GENERAL REVENUE	\$108,330,106	0.00	\$79,111,633	0.00	\$79,111,633	0.00		0.00
FEDERAL FUNDS	\$834,798,838	0.00	\$761,603,995	0.00	\$761,603,995	0.00		0.00
OTHER FUNDS	\$330,897,861	0.00	\$323,690,613	0.00	\$322,618,189	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

1a. What strategic priority does this program address?

Access safe and cost effective medications for MHD participants

1b. What does this program do?

The MO HealthNet Pharmacy Program reimburses outpatient prescription drugs for managed care and fee-for-service eligibles. Effective January 1, 1991, the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) pharmacy provisions significantly expanded the coverage to include reimbursements for all drug products of manufacturers that have entered into a rebate agreement with the Federal Department of Health and Human Services (HHS). States have the authority for certain exceptions and to exclude from coverage certain specified categories of drugs. In addition, OBRA-90 included provisions requiring both a prospective and retrospective drug use review program.

The Centers for Medicare and Medicaid Services (CMS) published a final rule on January 1, 2016, pertaining to Medicaid reimbursement for covered outpatient drugs. The purpose of the final rule is to implement changes to the prescription drug reimbursement structure as enacted by the Affordable Care Act (ACA). States are required to establish actual acquisition cost (AAC) as the basis of ingredient cost reimbursement to providers as well as evaluate the professional dispensing fee reimbursement. With the final rule, States must also establish a payment methodology for 340B entities and 340B contract pharmacies.

Entities that are 340B covered are eligible to purchase discounted drugs through the Public Health Service Act's 340B Drug Discount program. Examples of 340B entities include federally qualified health centers, hemophilia treatment centers, disproportionate share hospitals, sole community hospitals, AIDS drug assistance programs, and family planning clinics. MHD is working collaboratively with stakeholders to encourage 340B participation by covered entities. By working with covered entities, savings from 340B pricing for MO HealthNet participants' prescriptions are shared with the Medicaid program.

The WAC is the manufacturer's published catalog or list price for a drug product to wholesalers, the NADAC is based on CMS's monthly surveys of retail pharmacies to determine average acquisition cost for covered outpatient drugs, and the MAC is the maximum reimbursement for drug set at a state level. MO HealthNet uses its electronic tools incorporating clinical and fiscal criteria derived from best practices and evidence-based medical information to adjudicate claims through clinical and fiscal edits, preferred drug list edits, and prior authorization (*see below for more information*).

Pharmacies doing business in Missouri are also assessed a provider tax. Funds from this tax are used to provide enhanced dispensing fee payments and to support MO HealthNet pharmacy payments. See the Pharmacy Reimbursement Allowance tab for more detail.

Beginning December 16, 2018, MO HealthNet drug reimbursement will be made by applying the following hierarchy methodology:

- National Average Drug Acquisition Cost (NADAC), plus professional dispensing fee, if there is no NADAC;
- Missouri Maximum Allowed Cost (MAC), plus professional dispensing fee if no Federal Upper Limit (FUL) or MAC;
- Wholesale Acquisition Cost (WAC), plus professional dispensing fee; or
- The usual and customary (U&C) charge submitted by the provider IF it is lower than the chosen price (FUL, MAC, or WAC).
- 340B providers will be reimbursed at WAC minus 49%.

CMS approval is pending for the above reimbursement methodology.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Rebate Program

The U.S. Congress created the Medicaid outpatient prescription drug rebate program when it enacted the Omnibus Budget Reconciliation Act (OBRA) '90. The goal of the program is to reduce the cost of outpatient prescription drugs by requiring drug manufacturers to pay a rebate directly to state Medicaid programs. The purpose of the program is to reduce the cost of prescription drugs without placing an undue burden on pharmacies. The intent of this rebate is to allow state and federal governments to receive price reductions similar to those received by other high volume purchasers of drugs.

OBRA '90 requires all drug manufacturers to enter into a drug rebate agreement with CMS before their product lines will be eligible for coverage by Medicaid. Currently, approximately 700 manufacturers have signed agreements with Centers for Medicare and Medicaid Services (CMS) and participate in the Drug Rebate Program. For MO HealthNet participants, approximately 570 manufacturers have products dispensed and are invoiced quarterly. Once the drug manufacturer has entered into the agreement, the state Medicaid programs are required to provide coverage of the manufacturers' drug products. However, the state has the option of excluding certain categories of the manufacturer's products or requiring prior authorization for reimbursement of products. Manufacturers are required to calculate and make rebate payments to the state Medicaid agency for the manufacturers' covered outpatient drugs reimbursed by the state during each quarter. Manufacturers are to be invoiced no later than 60 days after the end of each calendar quarter and are required to make payment for the calculated drug rebate directly to the state Medicaid program within 38 days of invoicing.

The Affordable Care Act of 2010 provided enhancements to the Federal Drug Rebate requirements. Rebates are as follows: 23.1% of Average Manufacturer Price (AMP) for single-source brand-name drugs, 13% of AMP for multi-source generic drugs, and 17% of AMP for single-source generic drugs. In addition, the manufacturer may be required to pay an additional rebate amount, based on a calculation related to the Consumer Price Index and price increases for a drug. Approximately 37% of the total rebates collected are used as a state share funding source rather than using General Revenue funds. The approximate FMAP rate is 63% federal share of the rebates collected are returned to the federal government.

In addition to the Federal Drug Rebate Program, MO HealthNet may negotiate additional discounts in the form of Supplemental Drug Rebates. Drug manufacturers may contract to pay National Drug Code (NDC)-specific Supplemental Drug Rebates as a condition for placement on the state's Preferred Drug List (PDL). MO HealthNet invoices and collects these rebates from manufacturers, along with the federal rebates, and submits the federal portion of the rebates to CMS while retaining the state share.

340B Drug Repricing

Entities under 340B are eligible to purchase discounted drugs through the Public Health Service Act's 340B Drug Discount program. Examples of 340B entities include federally qualified health centers, hemophilia treatment centers, disproportionate share hospitals, sole community hospitals, AIDS drug assistance programs, and family planning clinics. MHD is working collaboratively with stakeholders to encourage 340B participation by covered entities. By working with covered entities, savings from 340B pricing for MO HealthNet participants' prescriptions are shared with the Medicaid program.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Benefit Management and Cost Savings Tools

Clinical Management Services and System for Pharmacy Claims and Prior Authorization (CMSP)

Through a contract with Conduent (formerly Xerox), MHD operates an innovative electronic web-based clinical editing process for its point-of-sale pharmacy and medical claims, medical and drug prior authorization, and Drug Utilization Review (DUR) processes. The current CMSP claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real time data to participating MO HealthNet providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

The contract with Conduent utilizes their CyberAccessSM tool to create integrated patient profiles containing prescription information, as well as patient diagnoses and procedure codes for a running 24 months of history. CyberAccessSM provides: daily updated participant claims history profiles, identifying all drugs, procedures, related diagnoses and ordering providers from claims paid by MHD for a rolling 36 month period; and 3 years of point of service (POS) pharmacy claims refreshed every 10 minutes.

Fiscal and Clinical Edits

This initiative optimizes the use of program funds and enhances patient care through improved use of pharmaceuticals. Since the implementation of the Omnibus Budget Reduction Act of 1990 (OBRA 90), education on the use of pharmaceuticals has been accomplished primarily through DUR. However, the prospective DUR alerts currently generated by the fiscal agent have been largely ignored by pharmacy providers as they are more general in nature and few are tied to claim reimbursement. Other third party payers have successfully utilized more extensive evidence based claims screening edits in an effort to control costs. These edits are applicable within the Medicaid program to achieve similar cost controls.

Point-of-Service Pharmacy

Claims are routed through Conduent's automated system to apply edits specifically designed to assure effective utilization of pharmaceuticals. The edits are founded on evidence-based clinical and nationally recognized expert consensus criteria. Claims will continue to be processed by Wipro, MHD fiscal agent, for all other edits and final adjudication. After processing by Conduent and Wipro, the claim is sent back to the provider with a total processing time of approximately 10 seconds. Claims which are denied by the system edits will require an override from the existing help desk. Providers seeking an override must contact the help desk for approval, which will be granted if medically necessary.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Preferred Drug List (PDL) Edits

The PDL utilizes information from various clinical sources, including the UMKC Drug Information Center (DIC), the Oregon Evidence-Based Drug Research Consortium, our clinical contractors, and our own clinical research team. Clinical information is paired with fiscal evaluation to develop a therapeutic class recommendation. The resulting PDL process incorporates clinical edits, including step therapies, into the prescription drug program. Clinical edits are designed to enhance patient care and optimize the use of program funds through therapeutically prudent use of pharmaceuticals. Pharmacy claims are routed through an automated computer system to apply edits specifically designed to ensure effective and appropriate drug utilization. The goal is to encourage cost effective therapy within the selected drug class.

Prior Authorization

Any covered outpatient drug can be subject to prior authorization (PA). Effective August 1, 1992, a PA process was implemented for certain specific drugs under the pharmacy program. In conjunction with MO HealthNet Advisory groups (see below), approval criteria are established with the minimum being approved FDA clinical indication. MO HealthNet may establish additional clinical and/or fiscal criteria for approval or denial. Drug PA requests are received via telephone, fax or mail. All requests for drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which a PA is being requested. As specified in OBRA 90, drug PA programs must provide a response by telephone or other telecommunication device within 24 hours of receipt. All requests must include all required information. Requests received with insufficient information for review or received from someone other than a physician or authorized prescriber will not initiate a PA review nor the 24-hour response period. Drug PA requests received via telephone are keyed on-line and notification of approval will be given at the time of the call or by return fax or phone call. The MO HealthNet technicians who staff this hotline work through algorithms developed by the Drug Prior Authorization Committee with the assistance of UMKC-DIC School of Pharmacy. These algorithms are sets of questions used to make a determination to approve or deny the request. Making the prior authorization determination on-line allows the PA file to be updated immediately. For approvals, the requestor will be given an authorization period. Pharmacies may record this information for this purpose as well.

Drug Utilization Review

This process is currently provided by Conduent and will be an extension of the current process with some enhancements. Under the new contract, this initiative will utilize the same database/computer system as the previously described components. This system uses a relational database capable of interfacing MO HealthNet paid claims history with flexible, high quality clinical evaluation criteria. The process is designed to identify high-risk drug use patterns among physicians, pharmacists, and beneficiaries, and to educate providers (prescribers and dispensers) in appropriate and cost-effective drug use. This process is capable of identifying providers prescribing and dispensing practices which deviate from defined standards, as well as generating provider profiles and ad hoc reports for specified provider and participant populations. The goal of the program is to maximize drug therapy and outcomes and optimize expenditures for health care.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Board and Committee Support and Oversight

The MO HealthNet Division operates both prospective and retrospective Drug Utilization Review (DUR) as required by federal and state law. The DUR program is focused on educating health care providers in the appropriate use of medications and informing them of potential drug therapy problems found in the review of drug and diagnostic information obtained from MO HealthNet claims history. The DUR Board is central to all DUR program activities, and its duties and membership requirements are specified in state and federal law. DUR Board members are appointed by the Governor with advice and consent of the Senate, and its 13 members include six physicians, six pharmacists, and one quality assurance nurse. In an ongoing process, the DUR Board reviews and makes changes to the clinical therapeutic criteria used to generate prospective and retrospective DUR interventions. The DUR Board also advises the Division on other issues related to appropriate drug therapy and produces a quarterly newsletter for providers on selected drug topics. In addition to the Board, a Regional DUR Committee, comprised of physicians and pharmacists, evaluates individual participants' retrospective drug regimens and advises their providers on appropriate drug use or potentially problematic drug therapies. The MO HealthNet Drug Prior Authorization (PA) Committee is established in state regulation. This advisory committee is charged with reviewing drugs and recommending those drugs which are appropriate for reimbursement as a regular benefit verses those which should be placed on prior authorization status. All such recommendations made by the Drug PA Committee are referred to the DUR Board, as they are the statutorily-appointed advisory group for final recommendation to the Division.

Cost Containment Initiatives

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the MO HealthNet fee-for-service pharmacy program, the MO HealthNet program continues to implement a number of administrative measures to ensure the economic and efficient provision of the MO HealthNet pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. The intent of these initiatives is to ensure that MO HealthNet participants get the right drug to meet their needs, in the right amount and for the right period of time. Examples of some of the cost containment initiatives, processed through clinical management include:

- Expanded Missouri Maximum Allowable Cost (MAC) list: The list of drugs for which the state agency has established a generic reimbursement limit will be monitored and expanded on a regular basis. A mechanism is in place to review existing MACs as well as identify new generic drugs for addition to this list as they become available. This optimizes generic utilization in the MO HealthNet program.
- Preferred Drug List (PDL): As a tool for containing costs, the PDL provides access to the most cost-effective drug therapy for specific drug categories. Preferred status on the PDL provides the state with Supplemental Rebates for selected name-brand and/or single-source drugs and lowers the net cost. See above for PDL details.
- Edits - Dose Optimization: Effective for dates of service on or after April 16, 2002, claims submitted to the MO HealthNet Pharmacy Program are subject to edits to identify claims for pharmacy services that fall outside expected patterns of use for certain products. Overrides to these edit denials can be processed through the Pharmacy hotline. Justification for utilization outside expected patterns, such as Food and Drug Administration (FDA) approved labeling, is required for approval of such an override.
- Refill-Too-Soon: On February 21, 2018, the refill-too-soon (RTS) edit criteria went from 75% utilization to 85% utilization.
- Morphine-Milligram-Equivalent (MME): Effective May 1, 2018 the MO HealthNet Pharmacy Program implemented a MME Accumulation Clinical Edit. The edit will more accurately calculate the total MME daily dose from all concurrent opioid prescriptions for individual patients.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

- **Non-Traditional Pain Management:** In FY 19 MO HealthNet will implement a non-traditional pain management program which will use alternative treatments such as chiropractic services, physical therapy and acupuncture in lieu of prescribing opioids for pain.
- **NADAC:** On December 16, 2018 MO HealthNet will change drug reimbursement to the National Average Drug Acquisition Cost (NADAC) model. The NADAC files represent a national pricing methodology based upon a simple average of retail pharmacy acquisition costs for most covered outpatient drugs.
- **Generic Incentives:** Effective for dates of service January 1, 2010 and beyond, the MO HealthNet Pharmacy Program began paying pharmacy providers a generic product preferred incentive fee. This program initiative will continue to emphasize the preference for generic utilization within the MO HealthNet pharmacy program by paying pharmacy providers an enhanced incentive fee of \$5.00 for each eligible claim.
- **New Drugs Review :** Prior authorization is required for all new drug entities and new dosage forms through existing drug entities that have been newly approved by the FDA and become available on the prescription drug market. First Data Bank is the publisher of proprietary pharmaceutical information and provides weekly updates to MO HealthNet covered medications, which are reviewed for medical and clinical criteria along with pharmacoeconomic impact to the pharmacy program. Program staff recommend ongoing management (i.e. continue PA, PDL addition, clinical edit, or open access) of each new drug, which goes to the MO HealthNet advisory groups for approval and implementation.
- **Diabetic Testing Supplies and Syringes:** In December 2003, the MHD moved diabetic testing supplies and syringes from the Durable Medical Equipment (DME) program to the pharmacy program, and initiated a single source diabetic testing supply initiative, continuing to encourage patient blood glucose testing while minimizing state expenditures. In April 2005, the pharmacy program moved to a multi-source diabetic testing supplies initiative. Diabetic testing supply products and syringes are now available in preferred status from multiple manufacturers, providing greater participant choice and generating supplemental rebates to the state.
- **Enhanced Retrospective Drug Utilization:** Enhanced retrospective drug utilization involves retroactively reviewing population-based patterns of drug use to compare those patterns to approved therapeutic guidelines in order to determine the appropriateness of care, length of treatment, drug interaction, and other clinical issues.
- **Provider Audits:** Daily provider audits are performed by MHD/Wipro staff for the identification and resolution of potential recoupments.
- **Active Pharmaceutical Ingredients (API) and Excipients:** An API is defined by 21 C.F.R. § 207.3(a)(4) as a bulk drug substance that “is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug.” An excipient is an inactive substance that forms a vehicle for the active ingredient in compounding. Effective September 1, 2017 MO HealthNet requires prior authorization (PA) on all compounded medications including an API and excipients. Requests for PA are reviewed on an individual patient basis and evaluated for medical necessity. Participant are required to use commercially available products if there is one available that is similar to the compound being requested.

PROGRAM DESCRIPTION

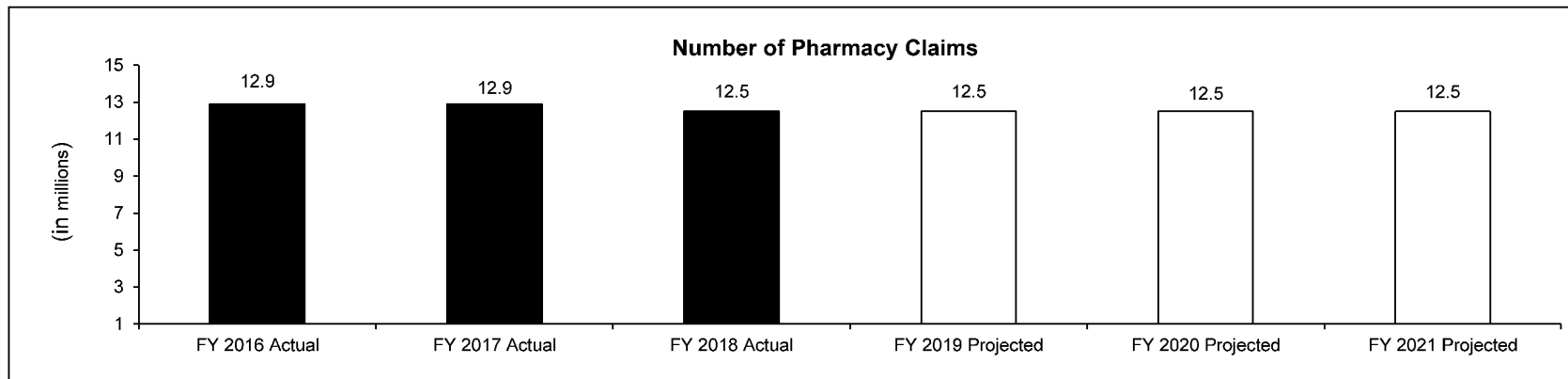
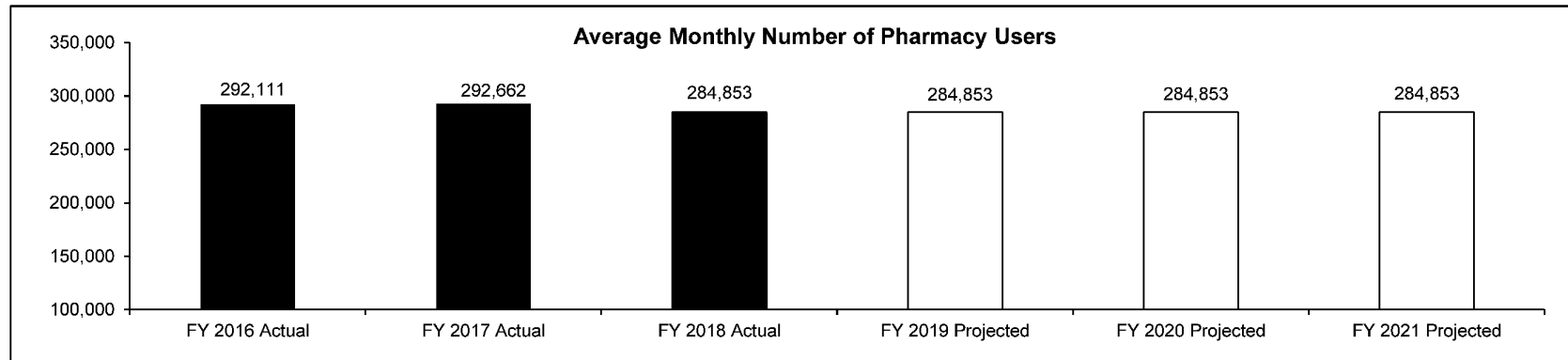
Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

2a. Provide an activity measure for the program.



PROGRAM DESCRIPTION

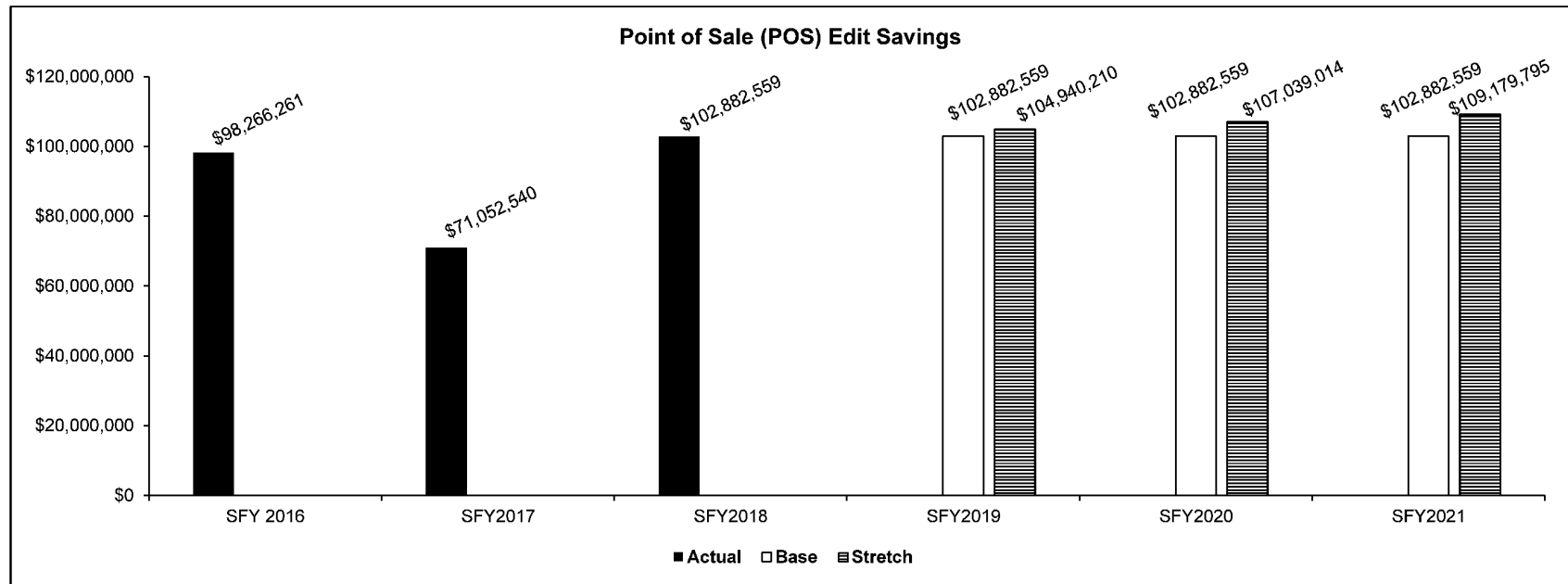
Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

2b. Provide a measure of the program's quality.



Savings from denied pharmacy claims as a result of SmartPA edits. The base is the average of FY 16 and FY 18 POS savings.

PROGRAM DESCRIPTION

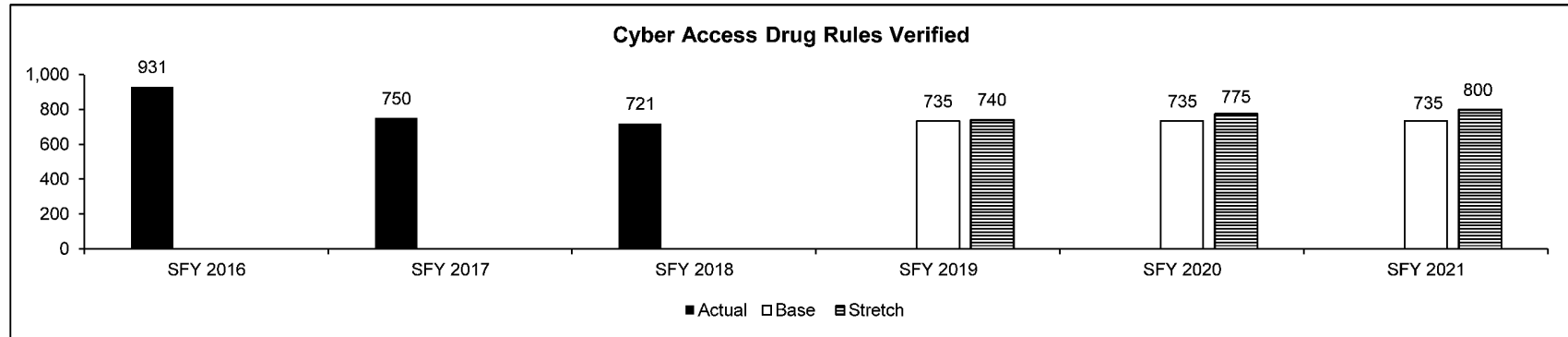
Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

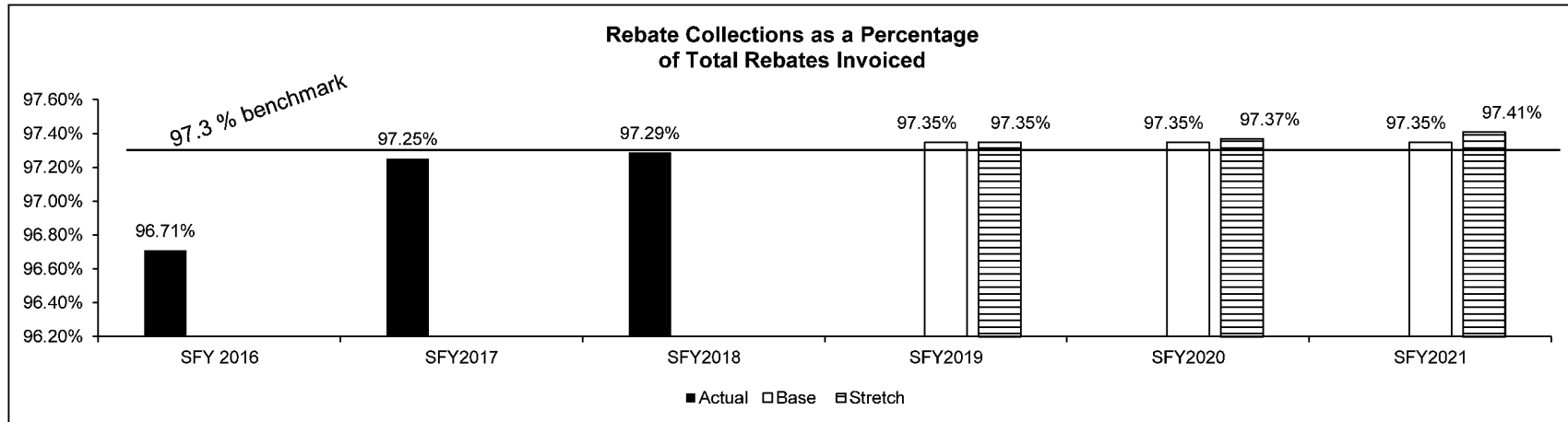
Program is found in the following core budget(s): Pharmacy

2c. Provide a measure of the program's impact.



When providers verify drug rules prior to claim submission it prevents claims from being denied and prevents additional unnecessary provider contact.

2d. Provide a measure of the program's efficiency.



As measured June 1 of each fiscal year. Benchmark set at 97.3% and is the average of FY 17 and FY 18.

PROGRAM DESCRIPTION

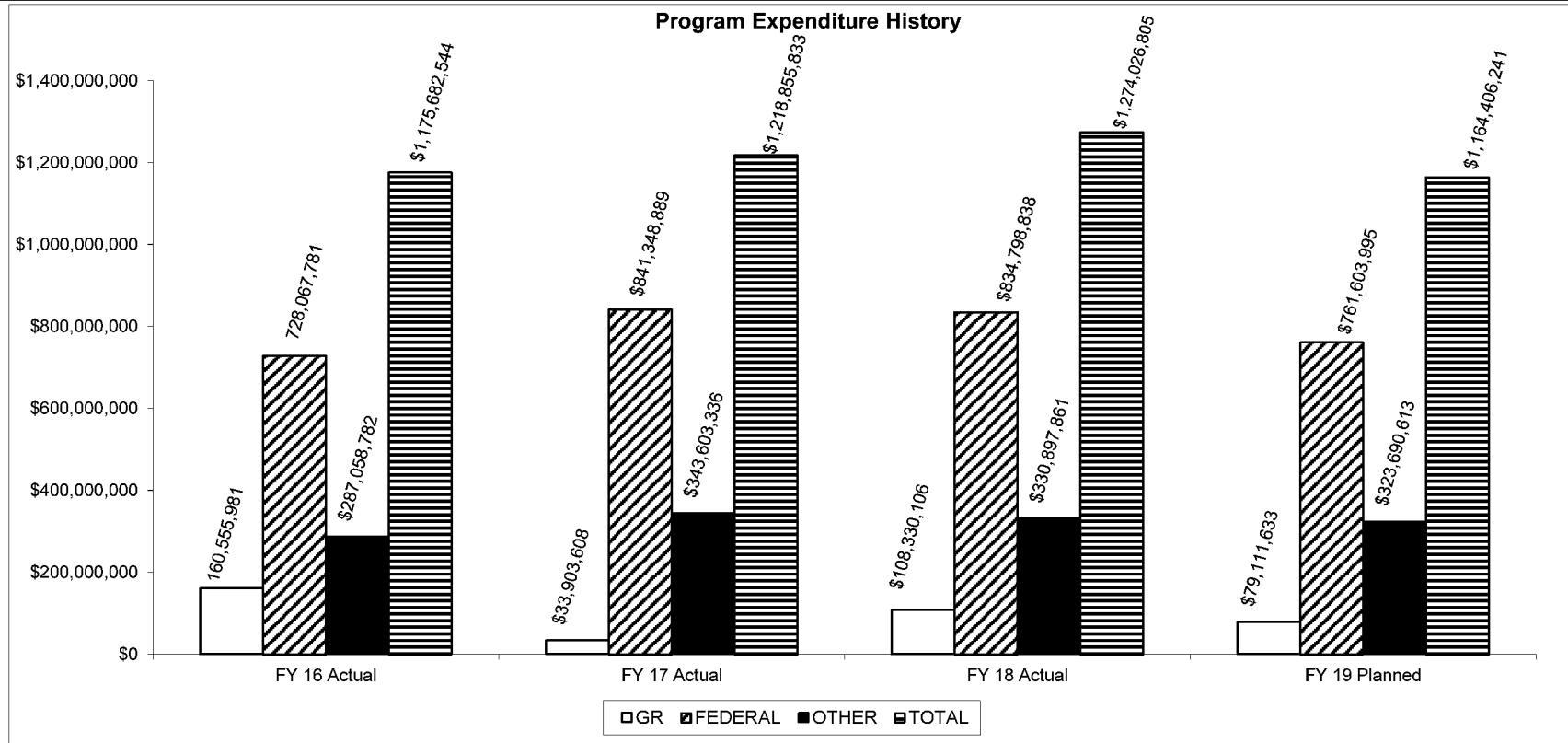
Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144), Pharmacy Rebates Fund (0114), Health Initiatives Fund (0275), Third Party Liability Fund (0120), Healthy Families Trust Fund (0625), Premium Fund (0885), and Life Sciences Research Trust Fund (0763).

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri Statute: Sections 208.152 and 208.166, RSMo.; Federal law: Social Security Act Section 1902(a)(12); state regulation: 13 CSR 70-20; Federal regulation: 42 CFR 440.120.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, pharmacy services are mandatory for children if they are identified as medically necessary health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This program is not federally mandated for adults.

Pharmacy- Medicare Part D Clawback

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Pharmacy - Medicare Part D "Clawback"

Budget Unit: 90543C
 HB Section: 11.435

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	226,750,733			226,750,733		PSD				0	
TRF						TRF					
Total	226,750,733	0	0	226,750,733		Total	0			0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
<i>Est. Fringe</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		<i>Est. Fringe</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>						<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					

Other funds: N/A

Other funds:

2. CORE DESCRIPTION

This core request is for the continued funding of the Medicare Part D "Clawback". "Clawback" refers to that portion of the Medicare Prescription Drug Act which requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy-Medicare Part D "Clawback"

CORE DECISION ITEM

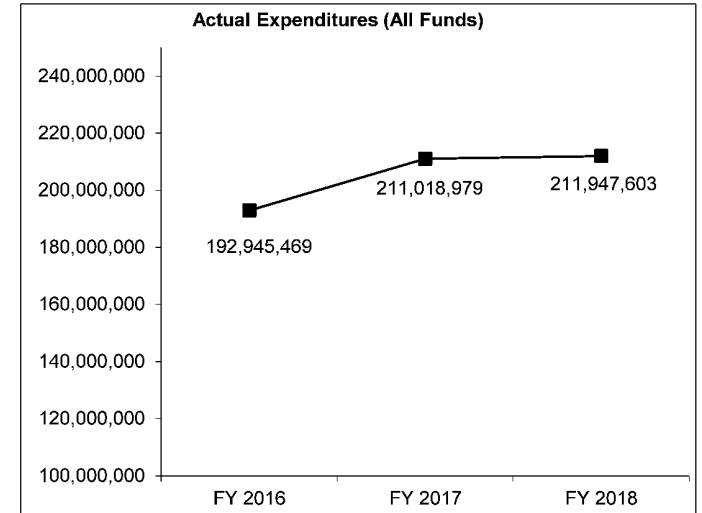
Department: Social Services
Division: MO HealthNet
Core: Pharmacy - Medicare Part D "Clawback"

Budget Unit: 90543C

HB Section: 11.435

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	192,945,469	211,018,979	211,947,603	226,750,733
Less Reverted (All Funds)	0	0	0	0
Budget Authority (All Funds)	186,236,499	211,018,979	211,947,603	226,750,733
Actual Expenditures (All Funds)	192,945,469	211,018,979	211,947,603	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY16 - Expenditures of \$50,174,019 were for Pharmacy.

(2) FY17 - Expenditures of \$10,305,704 were paid from Pharmacy for Clawback.

(3) FY18 - \$16,428,728 was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY-MED PART D-CLAWBACK**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	226,750,733	0	0	226,750,733	
	Total	0.00	226,750,733	0	0	226,750,733	
DEPARTMENT CORE REQUEST							
	PD	0.00	226,750,733	0	0	226,750,733	
	Total	0.00	226,750,733	0	0	226,750,733	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	226,750,733	0	0	226,750,733	
	Total	0.00	226,750,733	0	0	226,750,733	

DECISION ITEM SUMMARY

Budget Unit	FY 2018		FY 2019		FY 2020		*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	211,947,603	0.00	226,750,733	0.00	226,750,733	0.00	0	0.00
TOTAL - PD	211,947,603	0.00	226,750,733	0.00	226,750,733	0.00	0	0.00
TOTAL	211,947,603	0.00	226,750,733	0.00	226,750,733	0.00	0	0.00
MHD Cost-to-Continue - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,050,367	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,050,367	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,050,367	0.00	0	0.00
Clawback Increase - 1886036								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,985,026	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,985,026	0.00	0	0.00
TOTAL	0	0.00	0	0.00	3,985,026	0.00	0	0.00
GRAND TOTAL	\$211,947,603	0.00	\$226,750,733	0.00	\$231,786,126	0.00	\$0	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90543C BUDGET UNIT NAME: Medicare Part D "Clawback" HOUSE BILL SECTION: 11.435	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;">Total</td> <td style="text-align: right; width: 15%;">% Flex</td> <td style="text-align: right; width: 15%;">Flex Amount</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">\$231,786,126</td> <td style="text-align: right;">0.25%</td> <td style="text-align: right;">\$579,465</td> <td>Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.</td> </tr> </table>		Total	% Flex	Flex Amount		\$231,786,126	0.25%	\$579,465	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total	% Flex	Flex Amount							
\$231,786,126	0.25%	\$579,465	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.	.25% flexibility is being requested for FY20							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.								

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90543C BUDGET UNIT NAME: Medicare Part D "Clawback" HOUSE BILL SECTION: 11.435	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$231,786,126 </td> <td style="text-align: center; width: 10%;"> % Flex 10% </td> <td style="text-align: center; width: 20%;"> Flex Amount \$23,178,613 </td> <td style="width: 50%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$231,786,126	% Flex 10%	Flex Amount \$23,178,613	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$231,786,126	% Flex 10%	Flex Amount \$23,178,613	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$16,428,728	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM DISTRIBUTIONS	211,947,603	0.00	226,750,733	0.00	226,750,733	0.00	0	0.00
TOTAL - PD	211,947,603	0.00	226,750,733	0.00	226,750,733	0.00	0	0.00
GRAND TOTAL	\$211,947,603	0.00	\$226,750,733	0.00	\$226,750,733	0.00	\$0	0.00
GENERAL REVENUE	\$211,947,603	0.00	\$226,750,733	0.00	\$226,750,733	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy - Medicare Part D "Clawback"

Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

1a. What strategic priority does this program address?

Access to safe and effective medications

1b. What does this program do?

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 required that all individuals who are eligible for both Medicare and Medicaid, also known as dual eligible, receive their prescription drugs through the Medicare Part D program. This change resulted in a significant shift in benefits for elderly and disabled dual eligible participants because they receive their drugs through a prescription drug plan (PDP) rather than through the state's MO HealthNet program. States are required to make a monthly payment to the federal government in lieu of the money that the states would have spent on providing prescription drugs to participants in the MO HealthNet program.

The federal government refers to this payment as the "Phased-down State Contribution," while Missouri refers to the payment as the "clawback." This clawback payment is a funding source for the Medicare Part D program.

PAYMENT METHODOLOGY

The clawback consists of a monthly calculation based on the combination of (a) the state's per capita spending on prescription drugs in 2003, (b) the state's federal Medicaid match rate, (c) the number of dual eligibles residing in the state, and (d) a "phase-down percentage" of state savings to be returned to the federal government, which began with 90% in calendar year (CY) 2006 and phased down to 75% in CY 2015. The phased-down percentage for CY 2015 and beyond is at the floor of 75.00%. The clawback rate for each state, as identified by the Centers for Medicare and Medicaid Services (CMS), is multiplied by the number of dual eligibles in each state in order to determine the monthly payment due. The clawback assessment is paid one month in arrears.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy - Medicare Part D "Clawback"

Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

Rate History

Below is a chart showing the historical rates MO HealthNet paid to the federal government. Rates are adjusted each January by CMS, and adjusted again in October to account for changes in Missouri Federal Medical Assistance Percentages (FMAP) rates. In October CMS announces rates for the following January through September time period, and announces the FMAP-adjusted rates once FMAP rates are finalized.

	Clawback Rate	Change
Oct-Dec 19	\$139.16	(\$1.71)
Jan-Sept 19	\$140.87	\$2.69
Oct-Dec 18	\$138.18	(\$3.16)
Jan-Sept 18	\$141.34	\$1.70
Oct-Dec 17	\$139.63	(\$5.52)
Jan-Sept 17	\$145.16	\$15.47
Oct-Dec 16	\$129.69	\$0.25
Jan-Sept 16	\$129.44	\$13.47
Oct-Dec 15	\$115.97	\$0.54
Jan-Sept 15	\$115.43	\$1.58
Oct-Dec 14	\$113.85	(\$4.42)
Jan-Sept 14	\$118.27	(\$7.65)

This program is exempt from performance measures as it is a mandated payment to the Federal Government.

PROGRAM DESCRIPTION

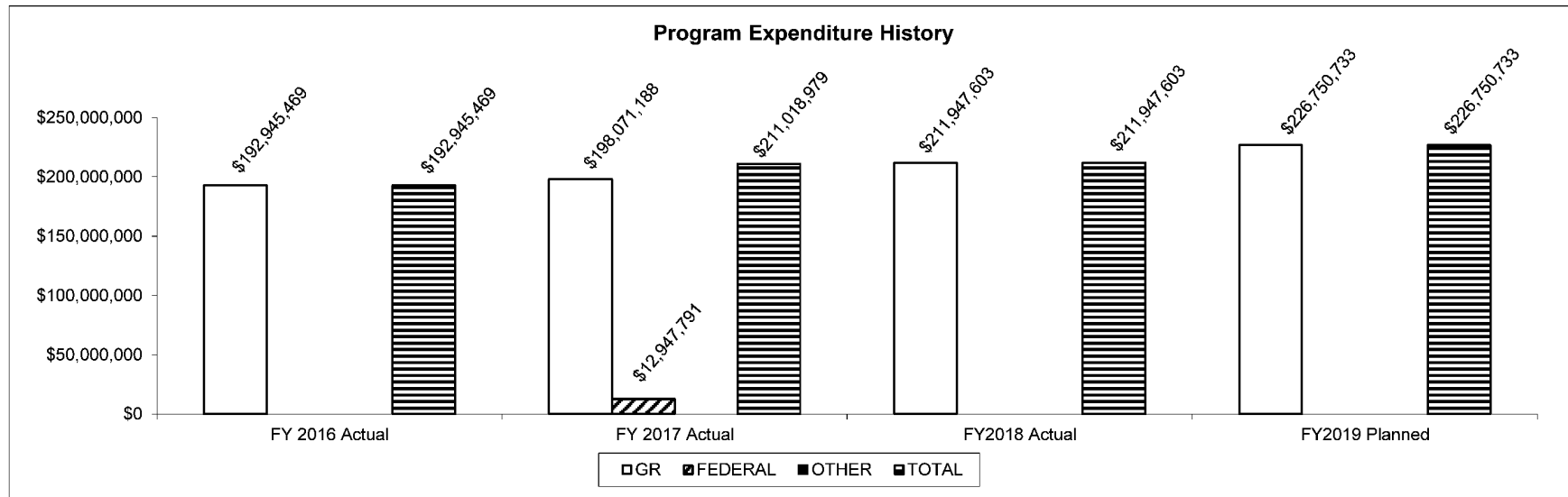
Department: Social Services

HB Section(s): 11.435

Program Name: Pharmacy - Medicare Part D "Clawback"

Program is found in the following core budget(s): Pharmacy - Medicare Part D "Clawback"

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, P.L. 108-173.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

Yes. All States, including Missouri, are required to make a monthly payment to the federal government to re-direct the money that the states would have spent on providing prescription drugs to participants in MO HealthNet.

NEW DECISION ITEM
RANK: 9 OF 51

Department: Social Services
 Division: MO HealthNet
 DI Name: Clawback Increase

DI# 1886036

Budget Unit: 90543C
 HB Section: 11.435

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	3,985,026			3,985,026
TRF				
Total	3,985,026	0	0	3,985,026

FTE **0.00**

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total	0	0	0	0

FTE **0.00**

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This decision item requests increased funding in General Revenue needed for the payment of the Medicare Part D Clawback as calculated by the Centers for Medicare and Medicaid Services (CMS). The Medicare Prescription Drug Act requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

NEW DECISION ITEM
RANK: 9 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Clawback Increase

Budget Unit: 90543C

DI# 1886036

HB Section: 11.435

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The calculation for the MO HealthNet Clawback payment is shown below. No caseload growth is assumed in FY19 and an estimated growth of 0.14% is assumed in FY20. The Clawback assessment rate is provided by CMS. The June 2019 to May 2020 assessment is included in the calculation because the assessment is currently paid one month in arrears. The number of duals was calculated using the average duals from FY 18 and indexing based on monthly ebbs and flows experienced over the last six fiscal years (FY13-FY18). The federal government may deem an individual is retroactively eligible for prior month coverage for Medicare Part D from the time of their initial application and the time they are approved. The Clawback rate is revised by CMS each January. The June through December 2019 Clawback rate is based on the most recent CMS estimate. The January through May 2020 Clawback rate assumes a 2.75% increase.

		Number of duals	Clawback Rate	Monthly Clawback Amount	Estimated Retros Pd	Total Paid w/Retros
June	2019	132,199	\$140.87	\$18,622,873	\$820,412	\$19,443,285
July	2019	132,528	\$140.87	\$18,669,219	\$591,199	\$19,260,418
August	2019	131,526	\$140.87	\$18,528,068	\$1,027,711	\$19,555,779
September	2019	131,881	\$140.87	\$18,578,076	\$637,069	\$19,215,145
October	2019	128,478	\$139.16	\$17,878,998	\$631,639	\$18,510,637
November	2019	129,313	\$139.16	\$17,995,197	\$750,984	\$18,746,181
December	2019	129,699	\$139.16	\$18,048,913	\$681,781	\$18,730,694
January	2020	127,724	\$142.99	\$18,263,255	\$626,337	\$18,889,592
February	2020	129,250	\$142.99	\$18,481,458	\$717,276	\$19,198,734
March	2020	131,812	\$142.99	\$18,847,798	\$798,535	\$19,646,333
April	2020	132,789	\$142.99	\$18,987,499	\$769,441	\$19,756,940
May	2020	132,101	\$142.99	\$18,889,122	\$892,899	\$19,782,021
				\$221,790,476	\$8,945,283	\$230,735,759
		Appropriated				\$226,750,733
		Short/Need				(\$3,985,026)

NEW DECISION ITEM
RANK: 9 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Clawback Increase

Budget Unit: 90543C

DI# 1886036

HB Section: 11.435

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	3,985,026						3,985,026		
Total PSD	3,985,026		0		0		3,985,026		0
Grand Total	3,985,026	0.0	0	0.0	0	0.0	3,985,026	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see Clawback program for performance measures.

6b. Provide a measure of the program's quality.

Please see Clawback program for performance measures.

6c. Provide a measure of the program's impact.

Please see Clawback program for performance measures.

6d. Provide a measure of the program's efficiency

Please see Clawback program for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
Clawback Increase - 1886036								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,985,026	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,985,026	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,985,026	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,985,026	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Missouri RX Plan

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Missouri Rx Plan

Budget Unit: 90538C

HB Section: 11.436

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	3,039,439		2,788,774	5,828,213		PSD				0	
TRF						TRF					
Total	3,039,439	0	2,788,774	5,828,213		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Missouri Rx Plan Fund (0779) - \$2,788,774

Other Funds:

2. CORE DESCRIPTION

The Missouri Rx Plan provides pharmaceutical assistance to Medicare/Medicaid dual eligibles; facilitates coordination of benefits between the Missouri Rx plan and the federal Medicare Part D drug benefit program established by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), P.L. 108-173; and enrolls individuals in the program.

3. PROGRAM LISTING (list programs included in this core funding)

Missouri Rx Plan

CORE DECISION ITEM

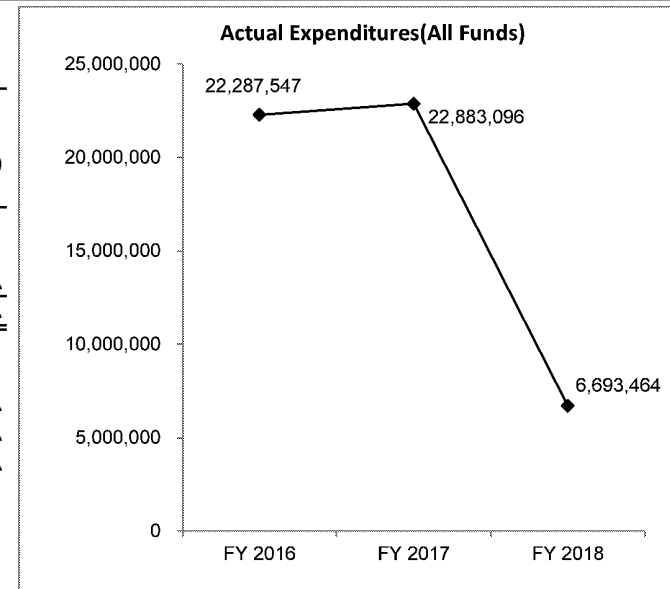
Department: Social Services
Division: MO HealthNet
Core: Missouri Rx Plan

Budget Unit: 90538C

HB Section: 11.436

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	23,986,247	24,986,247	11,562,803	11,370,890
Less Reverted (All Funds)	(510,115)	(558,085)	(207,224)	(201,467)
Less Restricted (All Funds)	0	(212,035)	-	
Budget Authority (All Funds)	23,476,132	24,216,127	11,355,579	11,169,423
Actual Expenditures (All Funds)	22,287,547	22,883,096	6,693,464	N/A
Unexpended (All Funds)	1,188,585	1,333,031	4,662,115	N/A
Unexpended, by Fund:				
General Revenue	0	1,333,031	4,662,115	N/A
Federal	0	0	0	N/A
Other	1,188,585	0	0	N/A
	(1)	(2)	(3)	



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY16 - \$1,188,585 lapse of MO Rx Fund due to a shortfall of revenue to the fund.

(2) FY17 - \$1,333,031 lapse of GR due to fund switches for reduced availability of GR.

(3) FY18 - \$3,932,584 agency reserve in GR due to estimated lapse. There was change in eligibility in FY18 that limited MO Rx to individuals who were Medicaid and Medicare (dual) eligible only.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MISSOURI RX PLAN**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	6,715,564	0	4,655,326	11,370,890	
				Total	0.00	6,715,564	0	4,655,326	11,370,890	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	947	4235	PD	0.00	(3,676,125)		0	0	(3,676,125)	Core reduction due to estimated lapse
Core Reduction	947	1024	PD	0.00	0		0	(1,866,552)	(1,866,552)	Core reduction due to estimated lapse
NET DEPARTMENT CHANGES					0.00	(3,676,125)	0	(1,866,552)	(5,542,677)	
DEPARTMENT CORE REQUEST				PD	0.00	3,039,439	0	2,788,774	5,828,213	
				Total	0.00	3,039,439	0	2,788,774	5,828,213	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	3,039,439	0	2,788,774	5,828,213	
				Total	0.00	3,039,439	0	2,788,774	5,828,213	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MISSOURI RX PLAN									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	2,038,138	0.00	6,715,564	0.00	3,039,439	0.00	0	0.00	
MISSOURI RX PLAN FUND	4,655,326	0.00	4,655,326	0.00	2,788,774	0.00	0	0.00	
TOTAL - PD	6,693,464	0.00	11,370,890	0.00	5,828,213	0.00	0	0.00	
TOTAL	6,693,464	0.00	11,370,890	0.00	5,828,213	0.00	0	0.00	
GRAND TOTAL	\$6,693,464	0.00	\$11,370,890	0.00	\$5,828,213	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MISSOURI RX PLAN								
CORE								
PROGRAM DISTRIBUTIONS	6,693,464	0.00	11,370,890	0.00	5,828,213	0.00	0	0.00
TOTAL - PD	6,693,464	0.00	11,370,890	0.00	5,828,213	0.00	0	0.00
GRAND TOTAL	\$6,693,464	0.00	\$11,370,890	0.00	\$5,828,213	0.00	\$0	0.00
GENERAL REVENUE	\$2,038,138	0.00	\$6,715,564	0.00	\$3,039,439	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$4,655,326	0.00	\$4,655,326	0.00	\$2,788,774	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.436

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

1a. What strategic priority does this program address?

Access to safe and effective medications for MHD participants

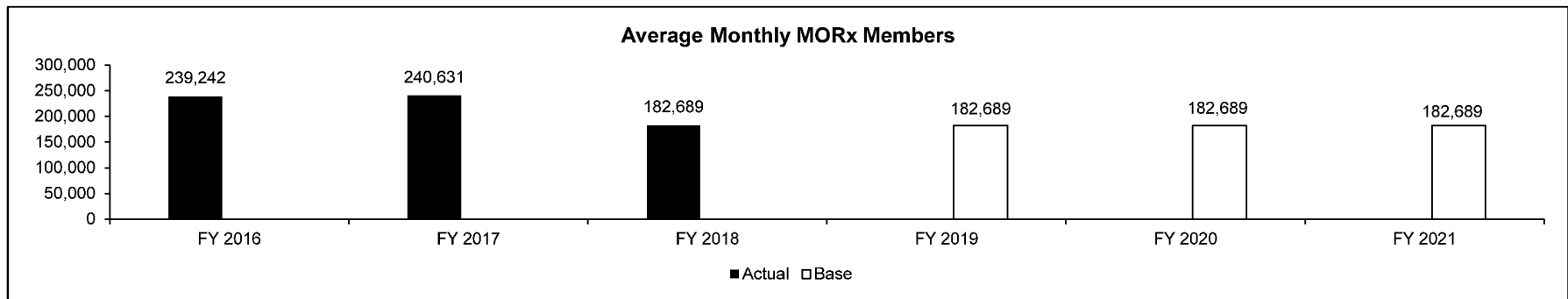
1b. What does this program do?

SB 539 (2005) established a state pharmaceutical assistance program known as the Missouri Rx (MORx) plan. SB 139 (2017) limited the Missouri Rx program to individuals who are eligible for both MO HealthNet and Medicare. The purpose of this program is to coordinate pharmaceutical benefits between the MORx plan and the federal Medicare Part D drug program for Medicare/Medicaid dual eligibles. The MORx program has been reauthorized by the General Assembly through August 28, 2022.

In FY19 it is estimated the program will save participants \$6 million in prescription drug costs. Without the assistance offered by MORx, participants who are eligible for both Medicaid and Medicare, also known as dually eligible, could be at a higher risk of medication non-compliance, which potentially leads to higher costs to the Medicaid program for resulting medical treatment and worsening of existing health conditions.

Subject to appropriation, the MORx plan pays 50% of members' out of pocket costs remaining after their Medicare Prescription Drug Plan pays. MORx does not cover Medicare Part D premiums. MORx works with all Medicare Part D plans to provide members with drug coverage.

2a. Provide an activity measure for the program.



Effective July 01, 2017 MORx program only covers Dual eligibles.

PROGRAM DESCRIPTION

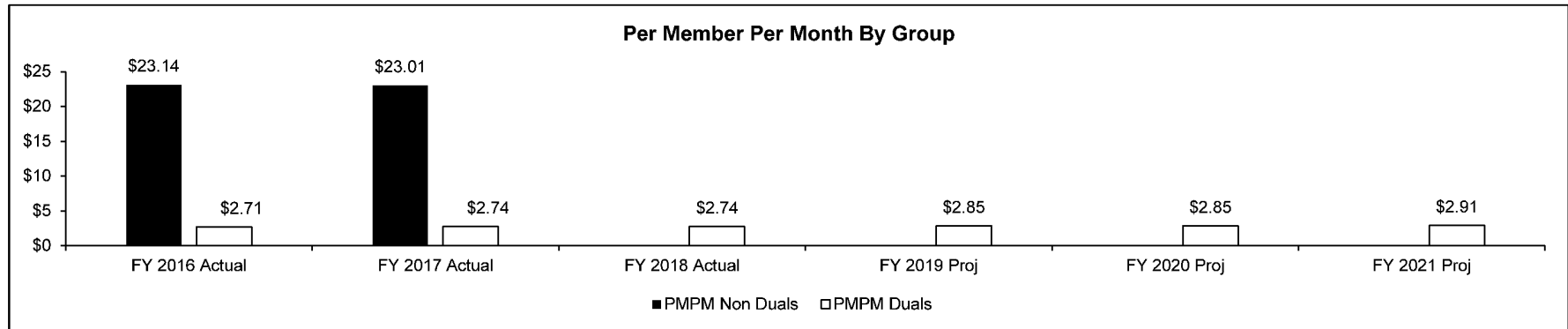
Department: Social Services

HB Section(s): 11.436

Program Name: Missouri Rx Plan

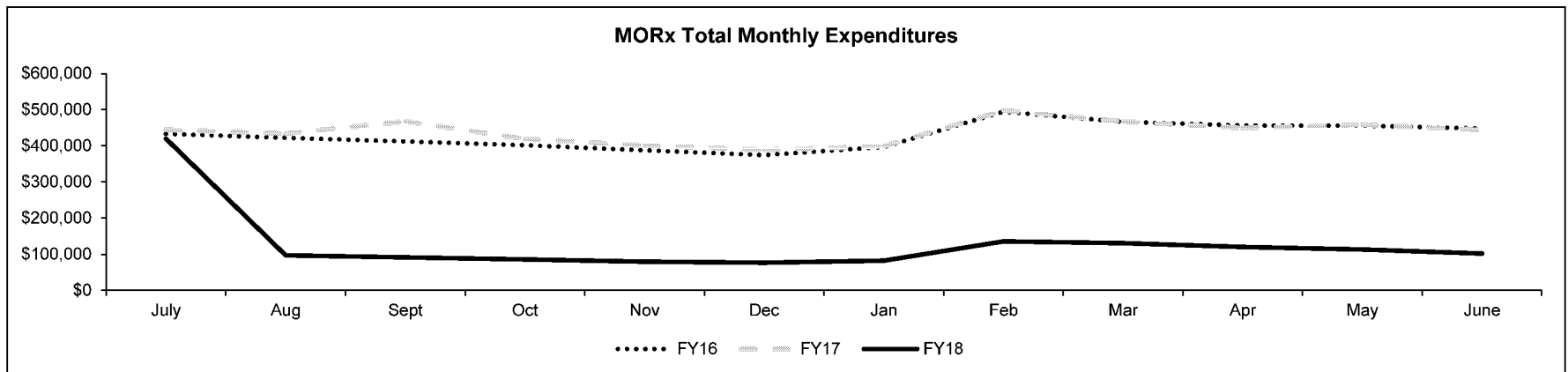
Program is found in the following core budget(s): Missouri Rx Plan

2b. Provide a measure of the program's quality.



Effective July 01, 2017 MORx program only covers Dual eligibles.

2c. Provide a measure of the program's impact.



Effective July 01, 2017 MORx is Dual eligibles only.

PROGRAM DESCRIPTION

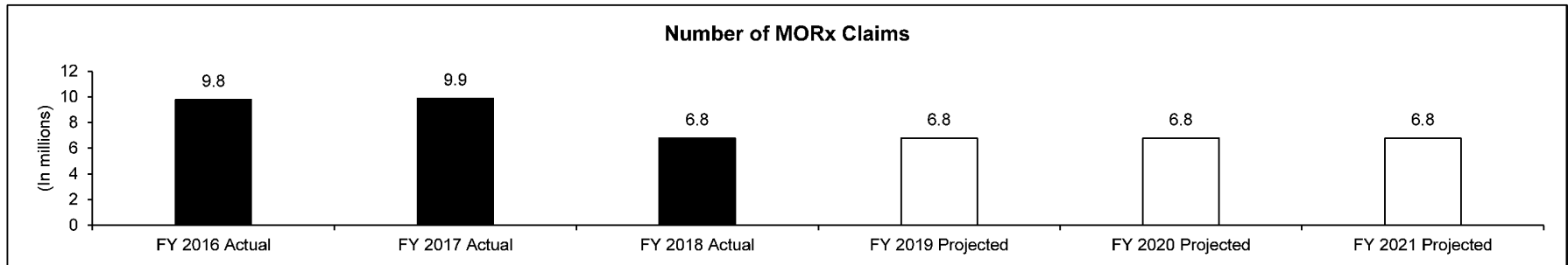
Department: Social Services

HB Section(s): 11.436

Program Name: Missouri Rx Plan

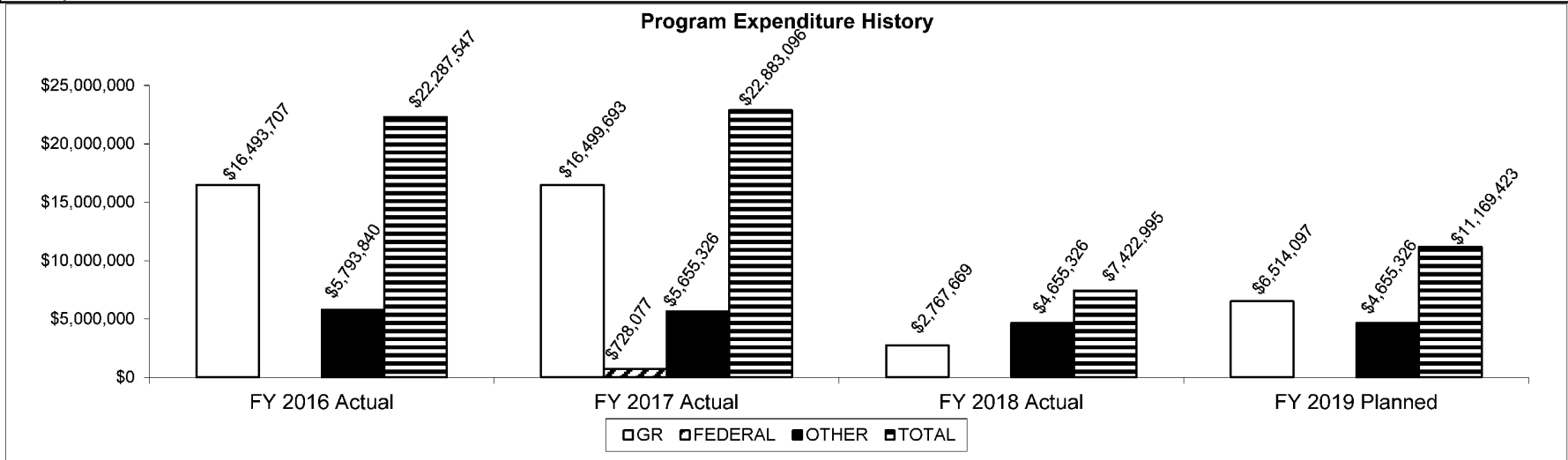
Program is found in the following core budget(s): Missouri Rx Plan

2d. Provide a measure of the program's efficiency.



Effective July 01, 2017 MORx is Dual eligibles only.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.436

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

4. What are the sources of the "Other " funds?

Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.780 through 208.798, RSMo; Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173.

6. Are there federal matching requirements? If yes, please explain.

No. This program is funded with 100% state sources.

7. Is this a federally mandated program? If yes, please explain.

No. The MORx program is subject to appropriations.

Pharmacy FRA

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Pharmacy Reimbursement Allowance (PFRA) Payments

Budget Unit: 90542C
 HB Section: 11.440

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					FY 2020 Governor's Recommendation						
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD			108,308,926	108,308,926		PSD				0	
TRF						TRF					
Total	0	0	108,308,926	108,308,926		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$108,308,926

Other Funds:

2. CORE DESCRIPTION

This item funds payments for pharmacy services provided to MO HealthNet participants. Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance (PFRA) Program

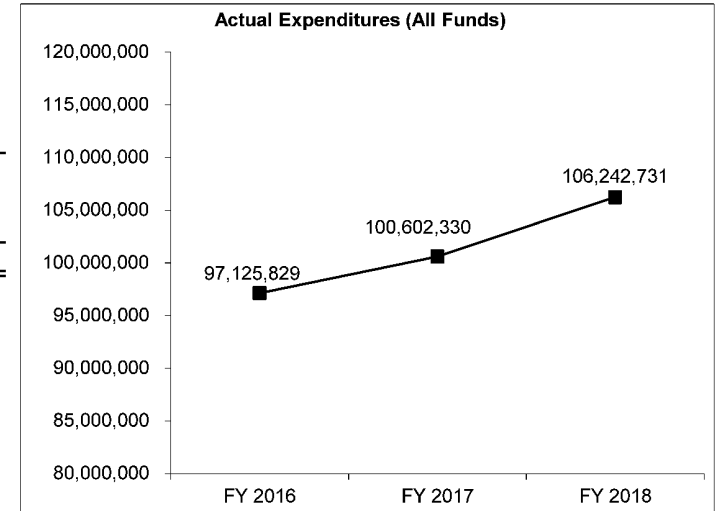
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy Reimbursement Allowance (PFRA) Payments

Budget Unit: 90542C
HB Section: 11.440

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	108,308,926	108,308,926	108,308,926	108,308,926
Less Reverted (All Funds)	0	0	0	
Budget Authority (All Funds)	108,308,926	108,308,926	108,308,926	108,308,926
Actual Expenditures (All Funds)	97,125,829	100,602,330	106,242,731	N/A
Unexpended (All Funds)	11,183,097	7,706,596	2,066,195	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	11,183,097	7,706,596	2,066,195	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	108,308,926	108,308,926	
	Total	0.00	0	0	108,308,926	108,308,926	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	108,308,926	108,308,926	
	Total	0.00	0	0	108,308,926	108,308,926	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	108,308,926	108,308,926	
	Total	0.00	0	0	108,308,926	108,308,926	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY FRA									
CORE									
PROGRAM-SPECIFIC									
PHARMACY REIMBURSEMENT ALLOWAN	106,242,731	0.00	108,308,926	0.00	108,308,926	0.00	0	0.00	
TOTAL - PD	106,242,731	0.00	108,308,926	0.00	108,308,926	0.00	0	0.00	
TOTAL	106,242,731	0.00	108,308,926	0.00	108,308,926	0.00	0	0.00	
GRAND TOTAL	\$106,242,731	0.00	\$108,308,926	0.00	\$108,308,926	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA								
CORE								
PROGRAM DISTRIBUTIONS	106,242,731	0.00	108,308,926	0.00	108,308,926	0.00	0	0.00
TOTAL - PD	106,242,731	0.00	108,308,926	0.00	108,308,926	0.00	0	0.00
GRAND TOTAL	\$106,242,731	0.00	\$108,308,926	0.00	\$108,308,926	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$106,242,731	0.00	\$108,308,926	0.00	\$108,308,926	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.440

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): PFRA

1a. What strategic priority does this program address?

Access to safe/effective medications

1b. What does this program do?

Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent. Pharmacies are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, can earn federal Medicaid matching funds. These earnings fund pharmacy expenditures in the MO HealthNet program.

In FY18, 1,319 pharmacy facilities were assessed and 1,307 pharmacy facilities participated in the MO HealthNet program and received enhanced reimbursement. In FY18, the PFRA rate was 1.59% effective 07/01/17 thru 06/30/18. The PFRA program has been reauthorized by the General Assembly through September 30, 2019.

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

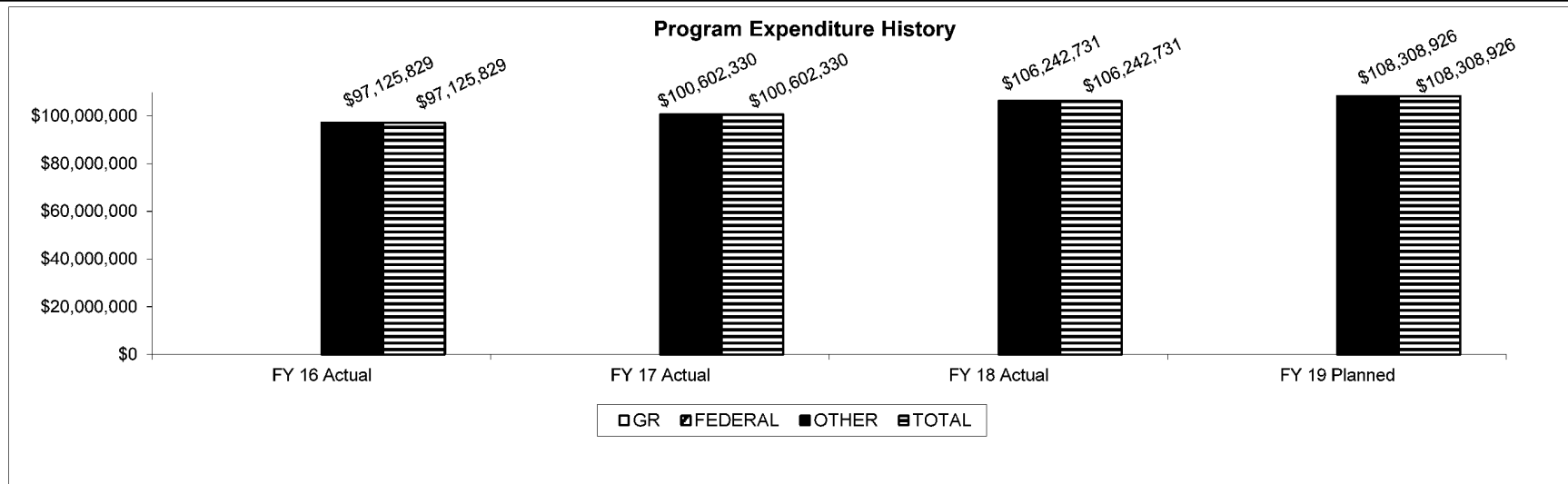
Department: Social Services

HB Section(s): 11.440

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): PFRA

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri statute: Section 338.500, RSMo.; Federal law: Social Security Act Section 1903(w); State Regulation: 13 CSR 70-20; Federal Regulation: 42 CFR 433

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

Physician

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Physician

Budget Unit: 90544C, 90842C, 90592C

HB Section: 11.455

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE				0	
PSD	100,464,262	281,384,714	11,276,423	393,125,399		PSD				0	
TRF						TRF				0	
Total	100,464,262	281,384,714	11,276,423	393,125,399		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Health Initiatives Fund (HIF) (0275) - \$1,427,081
Healthy Families Trust Fund (0625) - \$9,598,296
Pharmacy Reimbursement Allowance Fund (0144) - \$10,000
Third Party Liability Collections Fund (0120) - \$241,046

Other Funds:

2. CORE DESCRIPTION

This item funds physician-related services provided to fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Physician
Neonatal Abstinence Syndrome
Trauma Treatment for Kids

CORE DECISION ITEM

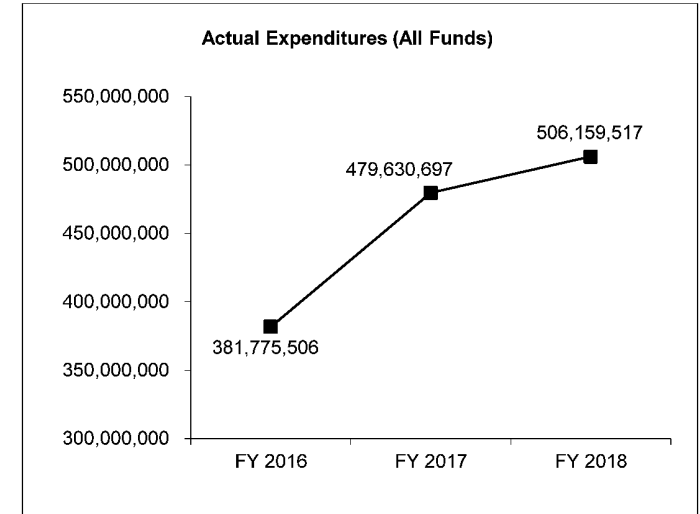
Department: Social Services
Division: MO HealthNet
Core: Physician

Budget Unit: 90544C

HB Section: 11.455

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr
Appropriation (All Funds)	394,997,235	488,737,244	509,233,562	400,587,887
Less Reverted (All Funds)	(42,812)	0	(15,000)	(29,604)
Less Restricted (All Funds)	0	(9,106,547)	0	0
Budget Authority (All Funds)	394,954,423	479,630,697	509,218,562	400,558,283
Actual Expenditures (All Funds)	381,775,506	479,630,697	506,159,517	N/A
Unexpended (All Funds)	13,178,917	0	3,059,045	N/A
Unexpended, by Fund:				
General Revenue	165,256	0	2,177,925	N/A
Federal	190,002	0	876,620	N/A
Other	7,734,869	0	4,500	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - Expenditures of \$224,415,845 for Physician services were made from the Managed Care Expansion section. Additionally, \$2,400,719 in federal fund authority was flexed from the CHIP section to the Physician section.

(2) FY17 - Expenditures of \$150,418,400 for Physician services were made from the Managed Care section and \$24,368 for Managed Care were made from the Physician section.

(3) FY18 - The Governor released \$1,696,725 GR on the last day of the fiscal year that lapsed in FY18. \$23,269,275 GR and \$20,725,656 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN RELATED PROF**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	101,848,400	282,586,490	13,504,004	397,938,894	
				Total	0.00	101,848,400	282,586,490	13,504,004	397,938,894	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	951	3707	PD	0.00	0	0	(2,227,581)	(2,227,581)		Corresponding Healthy Families Trust Fund core reduction due to GR pickup for Tobacco Fund Shortfall
Core Reallocation	958	8196	PD	0.00	438,127	0	0	438,127		Reallocation from MC for Neonatal
Core Reallocation	958	8197	PD	0.00	0	820,966	0	820,966		Reallocation from MC for Neonatal
Core Reallocation	963	8196	PD	0.00	(256,000)	0	0	(256,000)		Reallocation of STAT autopsy contracts to Admin
Core Reallocation	965	8197	PD	0.00	0	(400,000)	0	(400,000)		Reallocation of MRT Contract to Admin
Core Reallocation	965	8196	PD	0.00	(400,000)	0	0	(400,000)		Reallocation of MRT Contract to Admin
Core Reallocation	967	8196	PD	0.00	(400,000)	0	0	(400,000)		Reallocation of Foster Care Health Home Contract to Admin
Core Reallocation	1085	8197	PD	0.00	0	(2,373,389)	0	(2,373,389)		Reallocation of Clinic Health Homes to Health Homes
Core Reallocation	1085	8196	PD	0.00	(1,266,611)	0	0	(1,266,611)		Reallocation of Clinic Health Homes to Health Homes
Core Reallocation	1086	8197	PD	0.00	0	(911,538)	0	(911,538)		Reallocation of DMH Health Homes to Health Homes
Core Reallocation	1086	8196	PD	0.00	(486,462)	0	0	(486,462)		Reallocation of DMH Health Homes to Health Homes
NET DEPARTMENT CHANGES					0.00	(2,370,946)	(2,863,961)	(2,227,581)	(7,462,488)	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN RELATED PROF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
DEPARTMENT CORE REQUEST							
	PD	0.00	99,477,454	279,722,529	11,276,423	390,476,406	
	Total	0.00	99,477,454	279,722,529	11,276,423	390,476,406	
<hr/>							
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	99,477,454	279,722,529	11,276,423	390,476,406	
	Total	0.00	99,477,454	279,722,529	11,276,423	390,476,406	
<hr/>							

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
TRAUMA TREAT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	500,000	750,000	0	1,250,000	
	Total	0.00	500,000	750,000	0	1,250,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	500,000	750,000	0	1,250,000	
	Total	0.00	500,000	750,000	0	1,250,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	500,000	750,000	0	1,250,000	
	Total	0.00	500,000	750,000	0	1,250,000	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NEONATAL ABSTINENCE SYNDROME**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	486,808	912,185	0	1,398,993	
	Total	0.00	486,808	912,185	0	1,398,993	
DEPARTMENT CORE REQUEST							
	PD	0.00	486,808	912,185	0	1,398,993	
	Total	0.00	486,808	912,185	0	1,398,993	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	486,808	912,185	0	1,398,993	
	Total	0.00	486,808	912,185	0	1,398,993	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHYSICIAN RELATED PROF									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	2,096,368	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	2,255,986	0.00	0	0.00	0	0.00	0	0.00	
HEALTH INITIATIVES	516,953	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	4,869,307	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	162,787,799	0.00	101,848,400	0.00	99,477,454	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	325,502,717	0.00	282,586,490	0.00	279,722,529	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	241,046	0.00	241,046	0.00	241,046	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	10,000	0.00	10,000	0.00	10,000	0.00	0	0.00	
HEALTH INITIATIVES	905,627	0.00	1,427,081	0.00	1,427,081	0.00	0	0.00	
HEALTHY FAMILIES TRUST	11,825,877	0.00	11,825,877	0.00	9,598,296	0.00	0	0.00	
TOTAL - PD	501,273,066	0.00	397,938,894	0.00	390,476,406	0.00	0	0.00	
TOTAL	506,142,373	0.00	397,938,894	0.00	390,476,406	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	67,733,832	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	57,333,151	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	125,066,983	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	125,066,983	0.00	0	0.00	
GR Pickup Tobacco CTC - 1886021									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	2,227,581	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,227,581	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,227,581	0.00	0	0.00	
Asset Limit CTC - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	289,351	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHYSICIAN RELATED PROF									
Asset Limit CTC - 1886039									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	542,189	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	831,540	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	831,540	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	364,487	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	682,979	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,047,466	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,047,466	0.00	0	0.00	
Chiropractic Services - 1886037									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	2,072,408	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,774,074	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	5,846,482	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,846,482	0.00	0	0.00	
Community Health Workers - 1886038									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,496,445	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,804,055	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	4,300,500	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	4,300,500	0.00	0	0.00	
GRAND TOTAL	\$506,142,373	0.00	\$397,938,894	0.00	\$529,796,958	0.00	\$0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
TRAUMA TREAT									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	500,000	0.00	500,000	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	750,000	0.00	750,000	0.00	0	0.00	
TOTAL - PD	0	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00	
TOTAL	0	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	16,545	0.00	486,808	0.00	486,808	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	912,185	0.00	912,185	0.00	0	0.00
TOTAL - PD	16,545	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL	16,545	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$16,545	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90544C BUDGET UNIT NAME: Physician HOUSE BILL SECTION: 11.455	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;"> Total \$529,796,958 </td> <td style="text-align: right; width: 10%;"> % Flex 0.25% </td> <td style="text-align: right; width: 10%;"> Flex Amount \$1,324,492 </td> <td style="width: 60%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$529,796,958	% Flex 0.25%	Flex Amount \$1,324,492	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$529,796,958	% Flex 0.25%	Flex Amount \$1,324,492	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
.25% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90544C BUDGET UNIT NAME: Physician HOUSE BILL SECTION: 11.455	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$529,796,958 </td> <td style="text-align: center; width: 10%;"> % Flex 10% </td> <td style="text-align: center; width: 20%;"> Flex Amount \$52,979,696 </td> <td style="width: 50%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$529,796,958	% Flex 10%	Flex Amount \$52,979,696	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$529,796,958	% Flex 10%	Flex Amount \$52,979,696	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
\$32,296,000	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.	10% flexibility is being requested for FY20			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
CORE								
PROFESSIONAL SERVICES	3,091,024	0.00	0	0.00	0	0.00	0	0.00
MISCELLANEOUS EXPENSES	1,778,283	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	4,869,307	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	501,273,066	0.00	397,938,894	0.00	390,476,406	0.00	0	0.00
TOTAL - PD	501,273,066	0.00	397,938,894	0.00	390,476,406	0.00	0	0.00
GRAND TOTAL	\$506,142,373	0.00	\$397,938,894	0.00	\$390,476,406	0.00	\$0	0.00
GENERAL REVENUE	\$164,884,167	0.00	\$101,848,400	0.00	\$99,477,454	0.00		0.00
FEDERAL FUNDS	\$327,758,703	0.00	\$282,586,490	0.00	\$279,722,529	0.00		0.00
OTHER FUNDS	\$13,499,503	0.00	\$13,504,004	0.00	\$11,276,423	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TRAUMA TREAT								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
TOTAL - PD	0	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$500,000	0.00	\$500,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$750,000	0.00	\$750,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM DISTRIBUTIONS	16,545	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL - PD	16,545	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$16,545	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00
GENERAL REVENUE	\$16,545	0.00	\$486,808	0.00	\$486,808	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$912,185	0.00	\$912,185	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

1a. What strategic priority does this program address?

Sustain healthy lives by increasing preventive services

1b. What does this program do?

This program funds physician-related services provided to fee-for-service MO HealthNet participants. Services are provided by physicians, advanced practitioners, nurses/technicians, and certain behavioral health providers at various locations.

- Physicians and Podiatrists
- Advanced Practitioners
 - Advanced Practice Registered Nurses (APRN) or Nurse Practitioners (NP)
 - Nurse Midwives
 - Physician Assistants (PA)
 - Assistant Physicians (AP) once licensed by the Board of Healing Arts
 - Certified Registered Nurse Anesthetists (CRNA) and Anesthesiologists Assistants (AA)
- Behavioral health providers:
 - Psychiatrists
 - Psychologists, including provisional licensees
 - Licensed professional counselors (LPC), including provisional licensees
 - Licensed clinical social workers (LCSW), including provisional licensees
 - Licensed behavior analysts

Services may be billed by physicians, certain advanced practitioners, or behavioral health providers or on behalf of professional services provided at the following locations:

- Clinics
- Rural health clinics (RHC)
- Federally qualified health centers (FQHC)
- Ambulatory surgical centers (ASC)
- Lab and x-ray facilities
- Independent diagnostic testing facilities
- Participant's home
- Hospital (Inpatient and Outpatient settings)
- Nursing facilities

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

Reimbursement Methodology

The majority of services provided by physician-related professionals are reimbursed on a fee schedule although a few services are reimbursed manually, whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval.

Services rendered by someone other than a physician or podiatrist, including appropriate supplies, are billable by the physician only where there is direct personal supervision by the physician. This applies to services rendered by auxiliary personnel employed by the physician and working under his/her on-site supervision such as nurses, non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), technicians, and other aides.

The following advanced practitioners can bill MO HealthNet independently from a physician, but must still operate within the terms of their collaborative practice arrangement with the physician:

- Advanced Practice Registered Nurses (APRN) and Nurse Practitioners (NP),
- Nurse Midwives,
- Physician Assistants (PA), and
- Assistant Physicians (AP).

The services of physicians, podiatrists, advanced practitioners, and behavioral health providers may be administered in multiple settings including the physician's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility. The services of a nurse midwife may also be administered in the home of the participant (delivery and newborn care only) or a birthing center.

MO HealthNet reimbursement may also be made directly to the facility which employs the health care professionals. Facilities which receive direct payment from the physician-related services program include clinics, laboratory and x-ray facilities, independent diagnostic testing facilities (IDTF), rural health clinics (RHC), federally qualified health centers (FQHC), and hospitals (inpatient and outpatient). Each provider offering health care services through the facility (with the exception of RHCs), in addition to being employed by the participating clinic, must be a MO HealthNet provider. Ambulatory surgical centers are also reimbursed for a facility fee which does not include professional services of the performing practitioner.

FQHCs are reimbursed on an interim basis at a specified percentage of the billed MO HealthNet FQHC covered charges. For dates of service prior to January 1, 2016, FQHC services were reimbursed at 97% of the covered charges. For dates of service after January 1, 2016, FQHC service are reimbursed at 92% of the covered charges. Fee-for-service claims are submitted to MO HealthNet Division (MHD) and are paid at the applicable interim percentage. FQHCs that are contracted with MO HealthNet Managed Care health plans also receive payments from the health plan. For dates of service prior to July 1, 2015, FQHCs that were contracted with the health plans were paid a rate negotiated with the health plan and for dates of service beginning July 1, 2015, health plans are required to pay 90% of covered charges. An FQHC contracted with a health plan may submit a request to MHD for a supplemental Managed Care interim payment for the difference between the health plan payment and the applicable MHD interim payment percentage. Beginning January 1, 2016, these requests may only be submitted on a quarterly basis. The Institutional Reimbursement Unit (IRU) performs a review of each MO HealthNet cost report to determine the reasonable costs and a final settlement is made to adjust the interim reimbursement to be 100% of the reasonable costs to provide MO HealthNet FQHC covered services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

Hospital-based, or provider based, RHCs (PBRHCs) are reimbursed on an interim basis at the lower of 100% of their usual and customary charges or their cost-to-charge ratio. For dates of service beginning July 1, 2015, PBRHCs that are contracted with MO HealthNet Managed Care health plans are to be reimbursed by the health plan at 90% of covered charges. For dates of service prior to July 1, 2015, PBRHCs that were contracted with health plans were paid a rate negotiated with the health plan. A PBRHC contracted with a health plan may submit a request to MHD for a supplemental Managed Care interim payment for the difference between the health plan payment and the applicable MHD interim payment percentage. Beginning January 1, 2016, these requests may only be submitted on a quarterly basis. IRU reviews the finalized Medicare cost reports to determine reasonable costs. A settlement is made to adjust the reimbursement to 100% of the reasonable costs to provide MO HealthNet PBRHC covered services. The RHCs that are based in skilled nursing facilities and home health agencies are reimbursed their usual and customary charges multiplied by the lower of the Medicare RHC rate or the rate approved by the MO HealthNet Division.

An independent RHC (IRHC) has no financial, organizational or administrative connection to a hospital, skilled nursing facility or home health agency. IRHCs are reimbursed on an interim basis at 100% of their Medicare RHC rate. For dates of service beginning July 1, 2015, IRHCs that are contracted with MO HealthNet Managed Care health plans are to be reimbursed by the health plan at 90% of the Medicare RHC rate. For dates of service prior to July 1, 2015, IRHCs that were contracted with health plans were paid a rate negotiated with the health plan. An IRHC contracted with a health plan may submit a request to MHD for a supplemental Managed Care interim payment for the difference between the health plan payment and the applicable MHD interim payment. Beginning January 1, 2016, these requests may only be submitted on a quarterly basis. IRU performs a review of each Medicare cost report to determine reasonable costs, which is subject to a limit of the Medicare cost per visit. A final settlement is made to adjust the interim reimbursement to 100% of the reasonable costs to provide MO HealthNet IRHC covered services.

Missouri is participating in a Medicaid demonstration project under Section 223 of the Protecting Access to Medicare Act designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system (PPS) while improving the availability, accessibility, and quality of community behavioral healthcare. There are 15 comprehensive community behavioral health organizations participating in the demonstration program. A prospective payment rate was developed for each of these organizations in accordance with the CMS guidelines. PPS payments are based on "visits." A visit is a day in which there is at least one face-to-face encounter or one eligible telehealth encounter between a qualified practitioner and an eligible participant involving the provision of a CCBHC service. It does not matter how many or how few CCBHC services an individual receives in a given day, the CCBHC is paid the single PPS rate for that day. The demonstration program will begin on July 1, 2017, and will run through June 30, 2019.

Rate History

7/1/18: 1.5% rate increase for rate restoration for physician related services.

7/1/17: 3% rate decrease for all physician related services.

7/1/16: 2% rate increase for all physician related services.

7/1/16: 3.79% rate increase for Medicare parity for physician related services.

1/1/16: 1% rate increase for all physician related services.

1/1/13-12/31/14: Federally funded rate increase for certain physician specialties for primary care evaluation and management and services related to immunization administration for vaccines and toxoids.

PROGRAM DESCRIPTION

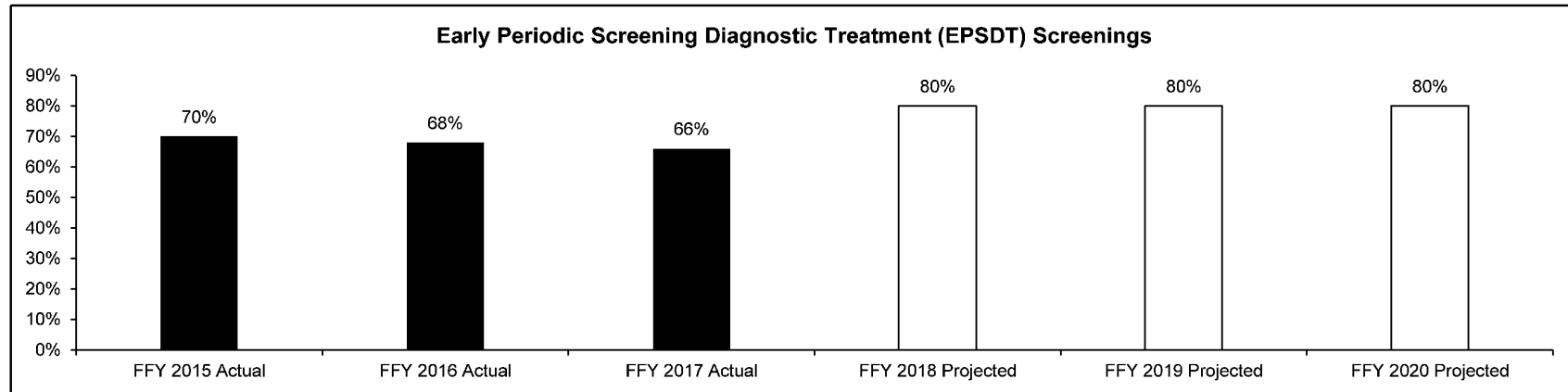
Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

2a. Provide an activity measure for the program.



The Healthy Children and Youth (HCY) Program in Missouri, also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT), is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The HCY Program provides screenings and treatment to correct or ameliorate defects and chronic conditions found during the screening. The measure is based on Federal Fiscal year in which report was submitted to CMS. The Centers for Medicare & Medicaid Services (CMS) sets a goal for states of 80% participant ratio for EPSDT. Missouri should also have a target of at least 80%.

PROGRAM DESCRIPTION

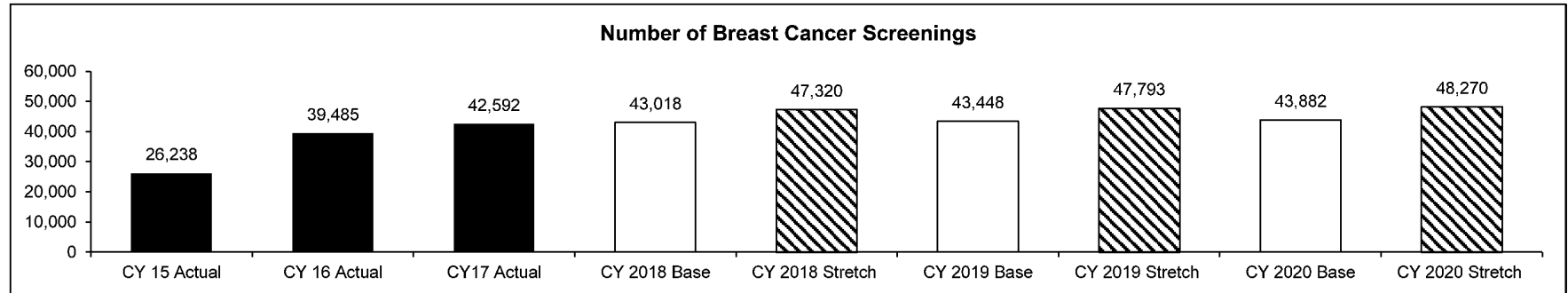
Department: Social Services

HB Section(s): 11.455

Program Name: Physician

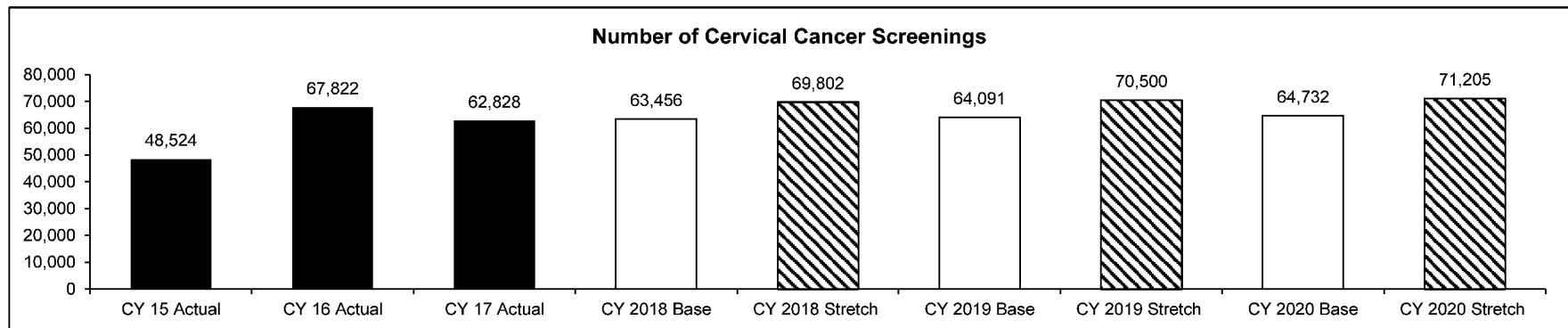
Program is found in the following core budget(s): Physician

2b. Provide a measure of the program's quality.



Receiving preventive services such as breast, cervical and colon cancer screenings are just a few examples of ways people can stay healthy. It is important to educate MO HealthNet participants of the importance of preventive care. An increase of 10% in breast, cervical and colon cancer screenings each year will show the program is causing a meaningful impact by showing participants the importance of preventive screenings to catch cancers early and improve the treatment and lessen the cost of the disease.

Note: The data for breast cancer screenings is on FFS women aged 40 years & older. The above chart is for FFS only, therefore the number of cancer screenings was expected to drop after FY 2017 due to statewide Managed Care.



Note: The data for cervical cancer screenings is on FFS women aged 18 & over. The above chart is for FFS only, therefore the number of cancer screenings was expected to drop after FY 2017 due to statewide Managed Care.

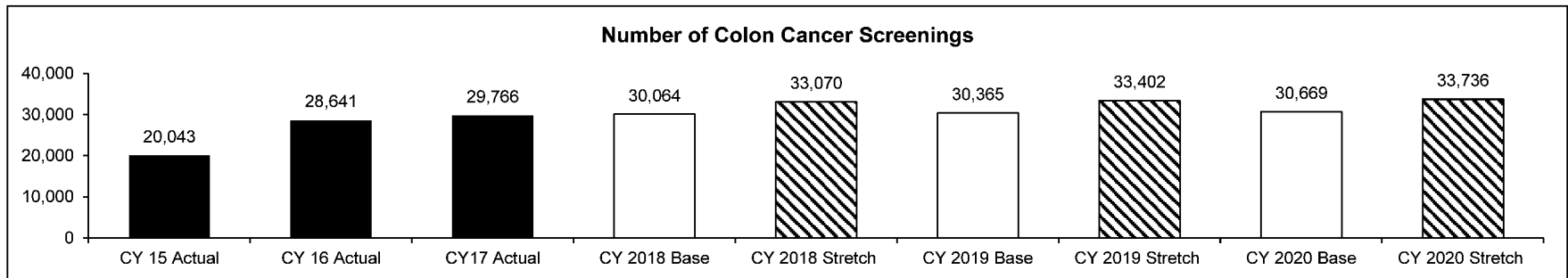
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.455

Program Name: Physician

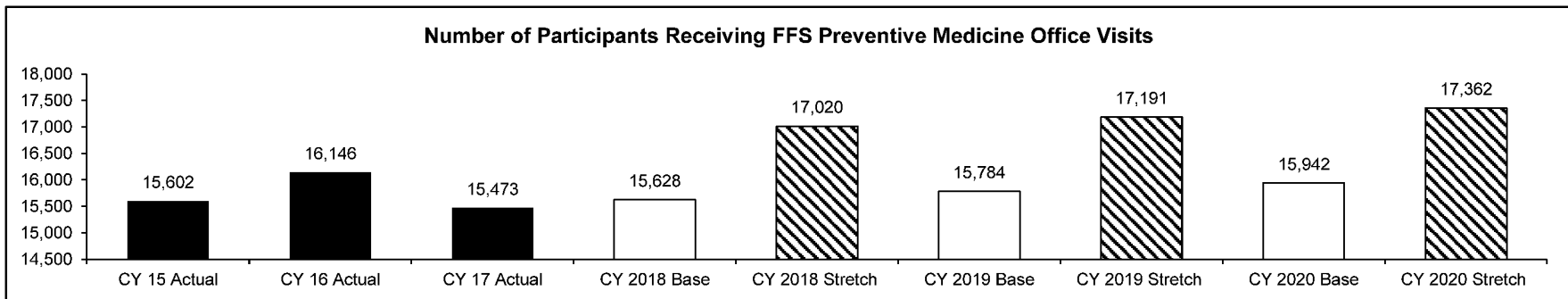
Program is found in the following core budget(s): Physician



The data for colon cancer screenings is on participants age 50 & over. The number of colon cancer screenings is lower than breast and cervical cancer screenings. This can be attributed to Medicare paying for services when participants are age 65 and older.

2c. Provide a measure of the program's impact.

Increase the number of adult preventive office visits. MO HealthNet pays for one "preventive" examination/physical per year. Preventive visits are important for maintenance of good health and a reduction in risk factors that could lead to more expensive health care costs.



An increase of 10% would show the program is causing a meaningful impact by showing participants the importance of preventive screenings.

Note: The above chart is for FFS only, therefore the number of preventive medicine office visits was expected to drop after FY 2017 due to statewide Managed Care.

PROGRAM DESCRIPTION

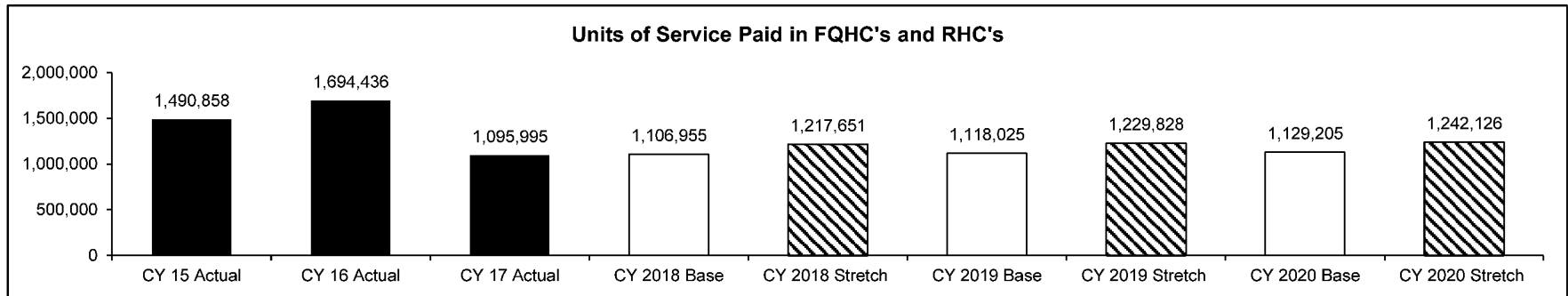
Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

2d. Provide a measure of the program's efficiency.



Services in an FQHC and RHC show the efficiency of the program because they provide primary care services to those in rural areas assuring that they receive preventive care to and lessen the cost of diseases.

Note: The above chart is for FFS only, therefore the number of encounters paid in an FQHC and RHCs was expected to drop after FY 2017 due to statewide Managed Care.

PROGRAM DESCRIPTION

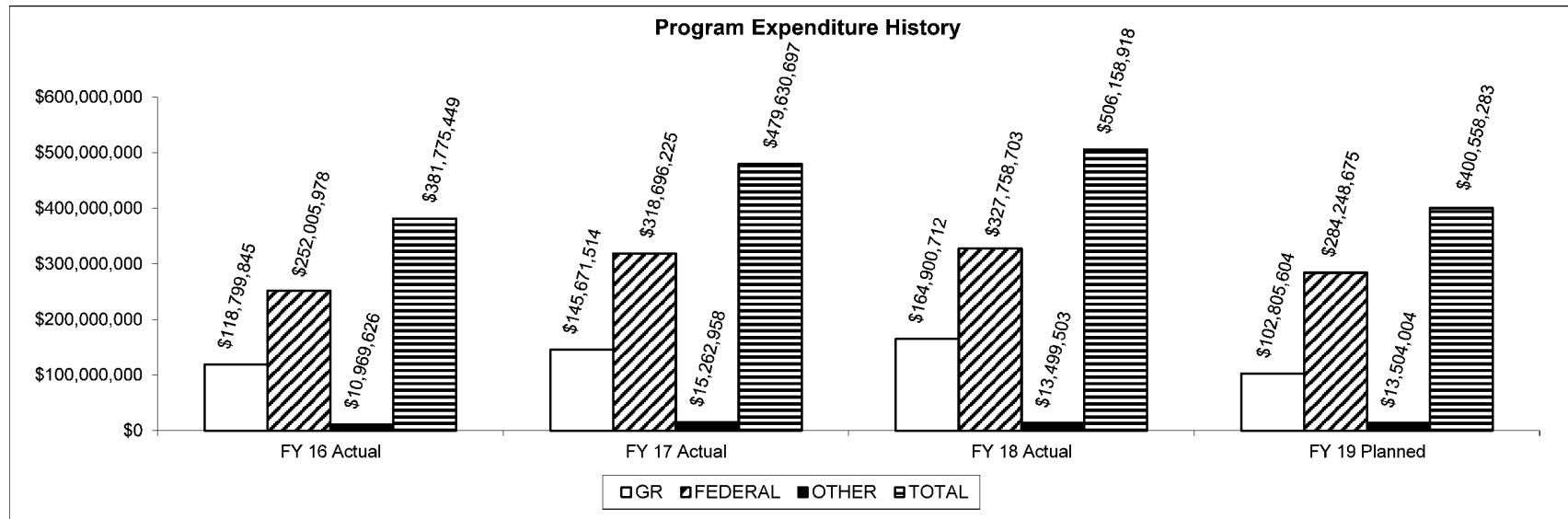
Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Health Initiatives Fund (HIF) (0275)

Healthy Families Trust Fund (0625)

Pharmacy Reimbursement Allowance Fund (0144)

Third Party Liability Collections Fund (0120)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.153 and 208.166 RSMo;

Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d);

Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.455

Program Name: Physician

Program is found in the following core budget(s): Physician

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program. (Some services are optional: podiatry; clinics; nurse practitioners; CRNA; Psychologist; and LCSW)

NEW DECISION ITEM
RANK: 31 OF 51

Department: Social Services
 Division: MO HealthNet
 DI Name: Chiropractic Services

DI# 1886037

Budget Unit: 90544C
 HB Section: 11.455

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	2,072,408	3,774,074		5,846,482
TRF				
Total	2,072,408	3,774,074	0	5,846,482

FTE **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This funding is requested to provide MO HealthNet reimbursement to licensed chiropractic physicians practicing within the scope of practice and who provide services to MO HealthNet participants. Funding is needed to implement the provisions of HB 1516 passed in 2018 by the 99th General Assembly and signed by the Governor on July 5, 2018.

NEW DECISION ITEM
RANK: 31 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Chiropractic Services

Budget Unit: 90544C

DI# 1886037

HB Section: 11.455

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Studies that determined the utilization of chiropractic care in the general population were reviewed to determine the potential number of MO HealthNet participants who might receive chiropractic care. It is assumed under legislation passed in the 2018 session that chiropractors would, at a minimum, bill for manipulative treatment and certain physical therapies. This funding is requested for the coverage of chiropractor and physical therapy services as outlined below.

Manipulative Treatments Fee-For-Service				Manipulative Treatments Managed Care			
	MO HealthNet Participants	Participants Utilizing Service			MO HealthNet Participants	Participants Utilizing Service	
19 and over	82,916	9%	7,462	19 and over	119,162	9%	10,725
18 and under	3,157	3%	95	18 and under	619,491	3%	18,585
			7,557				29,310
		cost per visit	\$20.48			cost	\$20.48
		Estimated # of visits	14.4			Estimated # of visits	14.4
		FFS cost per person	\$295			MC cost per person	\$295
		FFS Cost	\$2,228,635			MC Cost	\$8,643,812
One Time Cost includes new provider type 50/50 match				One Time Cost includes Actuarial Cost 50/50 match			
			\$200,000				\$50,000

Physical Therapy Services MC	
# of kids	600
avg cost	\$13.94
# of visits	14.4
Cost for MC	\$120,442

Alternative treatments such as: chiropractic services, physical therapy, and acupuncture as well as cognitive-behavioral therapy in lieu of prescribing opioids for pain. Savings for FFS and MC allocated the same percentage as FFS and MC spend				Alternative treatments such as: chiropractic services, physical therapy, and acupuncture as well as cognitive-behavioral therapy in lieu of prescribing opioids for pain. Savings for FFS and MC allocated the same percentage as FFS and MC spend				Program	GR	Federal	Total
TOTAL	FF	GR		TOTAL	FF	GR		Physician			
Savings FFS	\$1,083,998	\$ 706,799	\$ 377,199	Savings MC	\$4,312,409	\$ 2,811,820	\$1,500,589	Managed Care	\$ 1,574,108	\$ 2,927,736	\$ 4,501,844
Net Cost FFS	\$1,344,637	\$846,338	\$498,299	Net Cost MC	\$4,501,844	\$2,927,736	\$1,574,108	Total	\$ 2,072,407	\$ 3,774,074	\$ 5,846,481

NEW DECISION ITEM
RANK: 31 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Chiropractic Services

Budget Unit: 90544C

DI# 1886037

HB Section: 11.455

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	2,072,407		3,774,074				5,846,481		
Total PSD	2,072,407		3,774,074		0		5,846,481		0
Grand Total	2,072,407	0.0	3,774,074	0.0	0	0.0	5,846,481	0.0	0

NEW DECISION ITEM

RANK: 31

OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Chiropractic Services

DI# 1886037

Budget Unit: 90544C
HB Section: 11.455

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

N/A

6b. Provide a measure of the program's quality.

N/A

6c. Provide a measure of the program's impact.

N/A

6d. Provide a measure of the program's efficiency

N/A

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
Chiropractic Services - 1886037								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,846,482	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,846,482	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,846,482	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,072,408	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,774,074	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NEW DECISION ITEM
RANK: 48 OF 51

Department: Social Services
 Division: MO HealthNet
 DI Name: Community Health Workers

DI# 1886038

Budget Unit: 90544C
 HB Section: 11.455

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,496,445	2,804,055		4,300,500
TRF				
Total	1,496,445	2,804,055	0	4,300,500

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed for Community Health Workers (CHW) as evidence has shown that the unique role of CHWs as culturally competent mediators between providers of health services and the members of diverse communities is a vital one for improving the health of those communities. Through health education and community outreach, CHWs support the use of preventive services and assist with breaking down barriers to health care. Using their position, skills, and expanded knowledge base, CHWs can help reduce health care costs by linking patients to community resources and helping patients avoid unnecessary ER visits and hospitalizations.

Effective in 2014, CMS ruled that preventive services recommended by physicians or other licensed providers are now allowed to be provided by practitioners other than physicians or other licensed practitioners. This ruling opened the door for CHWs to step into this position, and their use has grown substantially in this role in several states.

NEW DECISION ITEM
RANK: 48 OF 51

Department: Social Services

Budget Unit: 90544C

Division: MO HealthNet

DI Name: Community Health Workers

DI# 1886038

HB Section: 11.455

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Funds requested are based on data from MO HealthNet's CHW Pilot Program. In addition, an extensive literature review was done of current low-socioeconomic/Medicaid CHW programs in other states, and consultations with leaders of other states' programs have occurred. MHD anticipates a ramp up in expenditures of \$4,300,500 in SFY 2020. MHD anticipates savings associated with the CHW services, estimated savings to begin in SFY 2021 will be \$13,224,043. Savings is anticipated to occur in various programs.

FY 2020			
	Ramp Up Percent of Eligible Population	Number of Participants Receiving CHW Services	Cost
July	15%	2,288	\$91,500
August	23%	3,508	\$140,300
September	31%	4,728	\$189,100
October	39%	5,948	\$237,900
November	47%	7,168	\$286,700
December	55%	8,388	\$335,500
January	63%	9,608	\$384,300
February	71%	10,828	\$433,100
March	79%	12,048	\$481,900
April	87%	13,268	\$530,700
May	95%	14,488	\$579,500
June	100%	15,250	\$610,000
Year 1			\$4,300,500

NEW DECISION ITEM
RANK: 48 OF 51

Department: Social Services

Budget Unit: 90544C

Division: MO HealthNet

DI Name: Community Health Workers

DI# 1886038

HB Section: 11.455

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	1,496,445		2,804,055				4,300,500		
Total PSD	1,496,445		2,804,055		0		4,300,500		0
Grand Total	1,496,445	0.0	2,804,055	0.0	0	0.0	4,300,500	0.0	0

NEW DECISION ITEM

RANK: 48

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Community Health Workers

DI# 1886038

Budget Unit: 90544C

HB Section: 11.455

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see performance measures in the FQHC section.

6b. Provide a measure of the program's quality.

Please see performance measures in the FQHC section.

6c. Provide a measure of the program's impact.

Please see performance measures in the FQHC section.

6d. Provide a measure of the program's efficiency

Please see performance measures in the FQHC section.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
Community Health Workers - 1886038								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,300,500	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	4,300,500	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,300,500	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,496,445	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,804,055	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Dental

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C

HB Section: 11.460

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	627,005	3,766,919	919,935	5,313,859		PSD				0	
TRF						TRF					
Total	627,005	3,766,919	919,935	5,313,859		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162
Healthy Families Trust Fund (0625) - \$848,773

Other Funds:

2. CORE DESCRIPTION

This item funds the dental fee-for-service program. Comprehensive dental services are available for children, pregnant women, the blind and nursing facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities-ICF/ID). As of January 2016, MO HealthNet began offering limited dental services for adults ages 21 and over.

3. PROGRAM LISTING (list programs included in this core funding)

Dental Services

CORE DECISION ITEM

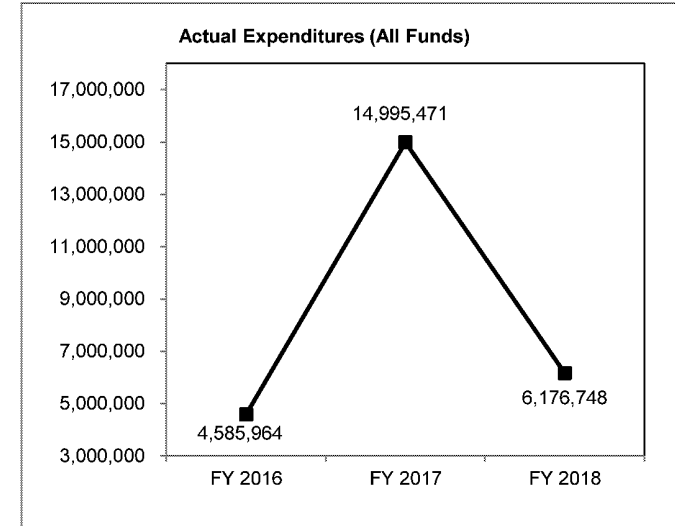
Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C

HB Section: 11.460

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	15,399,164	15,257,885	6,584,075	5,313,859
Less Reverted (All Funds)	(2,135)	(2,135)	0	
Less Restricted (All Funds)	(500,000)	0	0	
Budget Authority (All Funds)	14,897,029	15,255,750	6,584,075	5,313,859
Actual Expenditures (All Funds)	4,585,964	14,995,471	6,176,748	N/A
Unexpended (All Funds)	10,311,065	260,279	407,327	N/A
Unexpended, by Fund:				
General Revenue	202,568	80	207,335	N/A
Federal	6,339,800	260,199	199,517	N/A
Other	3,768,697	0	475	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - Lapse was attributed to the department not receiving state-wide approval for Dental from CMS approval until May, 2016. \$11,098,804 paid from Managed Care State-Wide Extension

(2) FY17 - Expenditures of \$1,344,069 were paid from Managed Care.

(3) FY18 - GR lapse of \$89,319 is a result of a released expenditure restriction on the last day of the fiscal year. \$118,015 GR was flexed out to cover other program expenditures. \$589,608 was flexed in to cover Dental expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
DENTAL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	627,005	3,766,919	919,935	5,313,859	
	Total	0.00	627,005	3,766,919	919,935	5,313,859	
	<hr/>						
DEPARTMENT CORE REQUEST	PD	0.00	627,005	3,766,919	919,935	5,313,859	
	Total	0.00	627,005	3,766,919	919,935	5,313,859	
	<hr/>						
GOVERNOR'S RECOMMENDED CORE	PD	0.00	627,005	3,766,919	919,935	5,313,859	
	Total	0.00	627,005	3,766,919	919,935	5,313,859	
	<hr/>						

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
DENTAL									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,279,065	0.00	627,005	0.00	627,005	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	3,978,223	0.00	3,766,919	0.00	3,766,919	0.00	0	0.00	
HEALTH INITIATIVES	71,162	0.00	71,162	0.00	71,162	0.00	0	0.00	
HEALTHY FAMILIES TRUST	848,298	0.00	848,773	0.00	848,773	0.00	0	0.00	
TOTAL - PD	6,176,748	0.00	5,313,859	0.00	5,313,859	0.00	0	0.00	
TOTAL	6,176,748	0.00	5,313,859	0.00	5,313,859	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	486,358	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	52,555	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	538,913	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	538,913	0.00	0	0.00	
Asset Limit CTC - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	15,726	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	29,468	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	45,194	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	45,194	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	10,262	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	19,228	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	29,490	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	29,490	0.00	0	0.00	
GRAND TOTAL	\$6,176,748	0.00	\$5,313,859	0.00	\$5,927,456	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90546C BUDGET UNIT NAME: Dental HOUSE BILL SECTION: 11.460	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$5,927,456 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$592,746 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$5,927,456	% Flex 10%	Flex Amount \$592,746	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$5,927,456	% Flex 10%	Flex Amount \$592,746	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$392,146	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
CORE								
PROGRAM DISTRIBUTIONS	6,176,748	0.00	5,313,859	0.00	5,313,859	0.00	0	0.00
TOTAL - PD	6,176,748	0.00	5,313,859	0.00	5,313,859	0.00	0	0.00
GRAND TOTAL	\$6,176,748	0.00	\$5,313,859	0.00	\$5,313,859	0.00	\$0	0.00
GENERAL REVENUE	\$1,279,065	0.00	\$627,005	0.00	\$627,005	0.00		0.00
FEDERAL FUNDS	\$3,978,223	0.00	\$3,766,919	0.00	\$3,766,919	0.00		0.00
OTHER FUNDS	\$919,460	0.00	\$919,935	0.00	\$919,935	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.460

Program Name: Dental Program

Program is found in the following core budget(s): Dental

1a. What strategic priority does this program address?

Provide quality dental care access to MO HealthNet participants

1b. What does this program do?

The MO HealthNet Division's (MHD) dental program reimburses for services that include diagnostic, preventive, and corrective procedures provided by a licensed dentist or dental hygienist. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include the following:

- Treatment of the teeth and associated structure of the oral cavity;
- Preparation, fitting, and repair of dentures and associated appliances; and
- Treatment of disease, injury, or impairments that affect the general oral health of a participant.

MO HealthNet currently offers comprehensive dental services for children, pregnant women, the blind, and residents of a Nursing Facility or Intermediate Care Facility/Intellectual Disability (ICF/ID). Coverage for adults is more limited and includes dental services in tiers 1-6 and care related to trauma of the mouth, jaw, teeth, or other contiguous sites. Services provided under tiers 1-6 are outlined below.

MHD attempts to improve the overall health of MO HealthNet participants by improving oral health through reimbursement for their diagnostic, preventative, and corrective dental services. Additionally, MHD attempts to ensure MO HealthNet eligible children have access to dental screenings and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program.

Reimbursement Methodology

Dental services are reimbursed in the fee-for-service and managed care settings. For managed care participants, dental services are reimbursed by MO HealthNet through the actuarially sound capitated rate paid to the Managed Care Organizations (MCO's). Dental rates are reimbursed for fee-for-service claims based on maximum allowable amounts identified on a fee schedule. Prior authorization is required in the fee-for-service program for certain services such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, and high noble metal crowns. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home, or clinic. If dental services are billed by a rural health clinic (RHC) or federally qualified health center (FQHC), the reimbursement methodology is different and would be paid out of the Physician-Related Services line (see Physician tab for more information). Services rendered by a dental hygienist are typically billed by the dentist. However, certain dental hygienists who have been licensed for at least three consecutive years and practicing in a public health setting may bill independently.

Services rendered by someone other than a dentist or dental hygienist, including appropriate supplies, are billable only where there is direct personal supervision by the dentist. This applies to services rendered by auxiliary personnel employed by the dentist and working under his/her on-site supervision and is restricted to non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), dental assistants, and certified dental assistants.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.460

Program Name: Dental Program

Program is found in the following core budget(s): Dental

Rate History

07/01/18: 1.5% rate increase on all covered services

07/01/17: 3% rate decrease on all covered services

07/01/16: ~2% rate increase on all covered services

01/01/16: 1% rate increase on all covered services

07/01/09: Maximum allowable reimbursement rates were increased to 38.75% of the 50th percentile of the usual and customary rate listed in the 2007 NDAS Comprehensive Fee Report.

Additional Details

For children under 21, pregnant women, the blind, and nursing facility residents (including ICF/ID), covered services under the dental program include, in part, the following: examinations; fillings; sealants; prophylaxis; fluoride treatments; extractions; anesthesia; crowns; injections; oral surgery; periodontal treatment (in limited cases); pulp treatment; restoration; root canal therapy; x-rays; and dentures (full or partial), denture adjustments or repairs, and denture duplication or relines. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to children under age 21 for the most severe malocclusions.

Coverage for adults for dental services in tiers 1-6 was added effective January 2016. Expanded coverage of dental services for adults in Missouri includes preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control and general anesthesia. Prior to January 2016, MO HealthNet only covered dental services for adults age 21 and over (except individuals noted above) if the dental care was related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for such a medical condition would require a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition.

PROGRAM DESCRIPTION

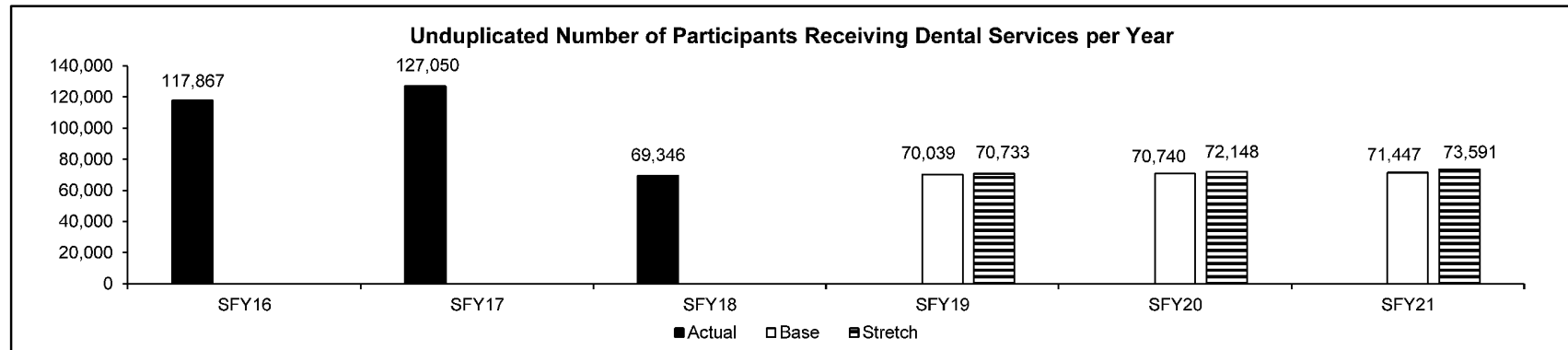
Department: Social Services

HB Section(s): 11.460

Program Name: Dental Program

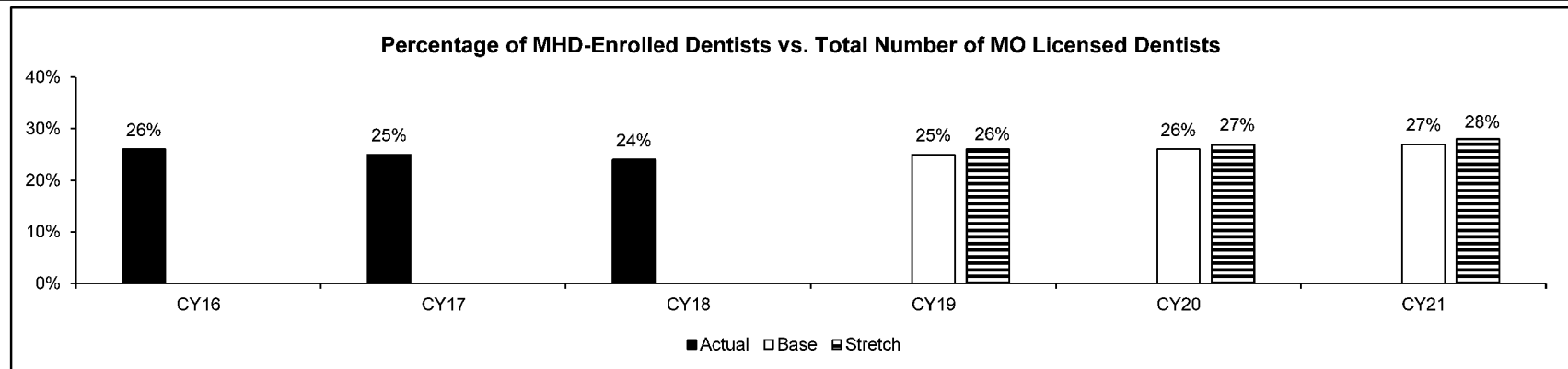
Program is found in the following core budget(s): Dental

2a. Provide an activity measure(s) for the program.



In SFY18, the number is significantly lower due to the implementation of statewide Managed Care.

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

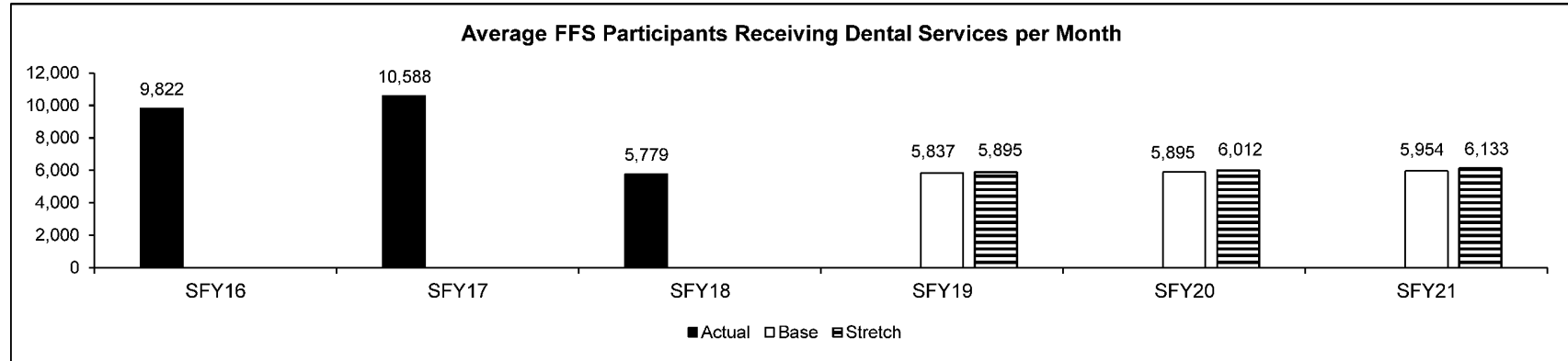
Department: Social Services

HB Section(s): 11.460

Program Name: Dental Program

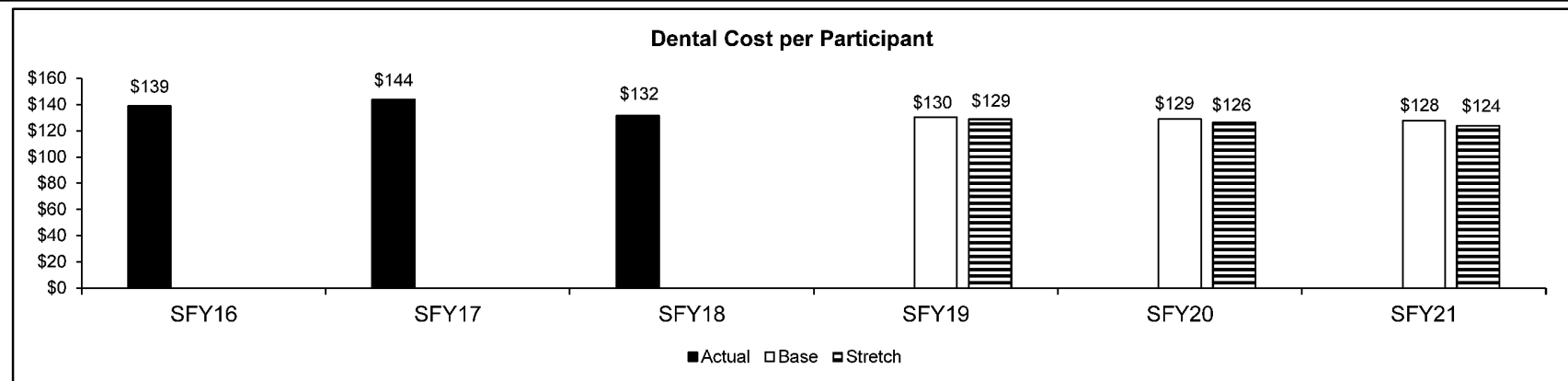
Program is found in the following core budget(s): Dental

2c. Provide a measure(s) of the program's impact.



In SFY18, the number is significantly lower due to the implementation of statewide Managed Care.

2d. Provide a measure(s) of the program's efficiency.

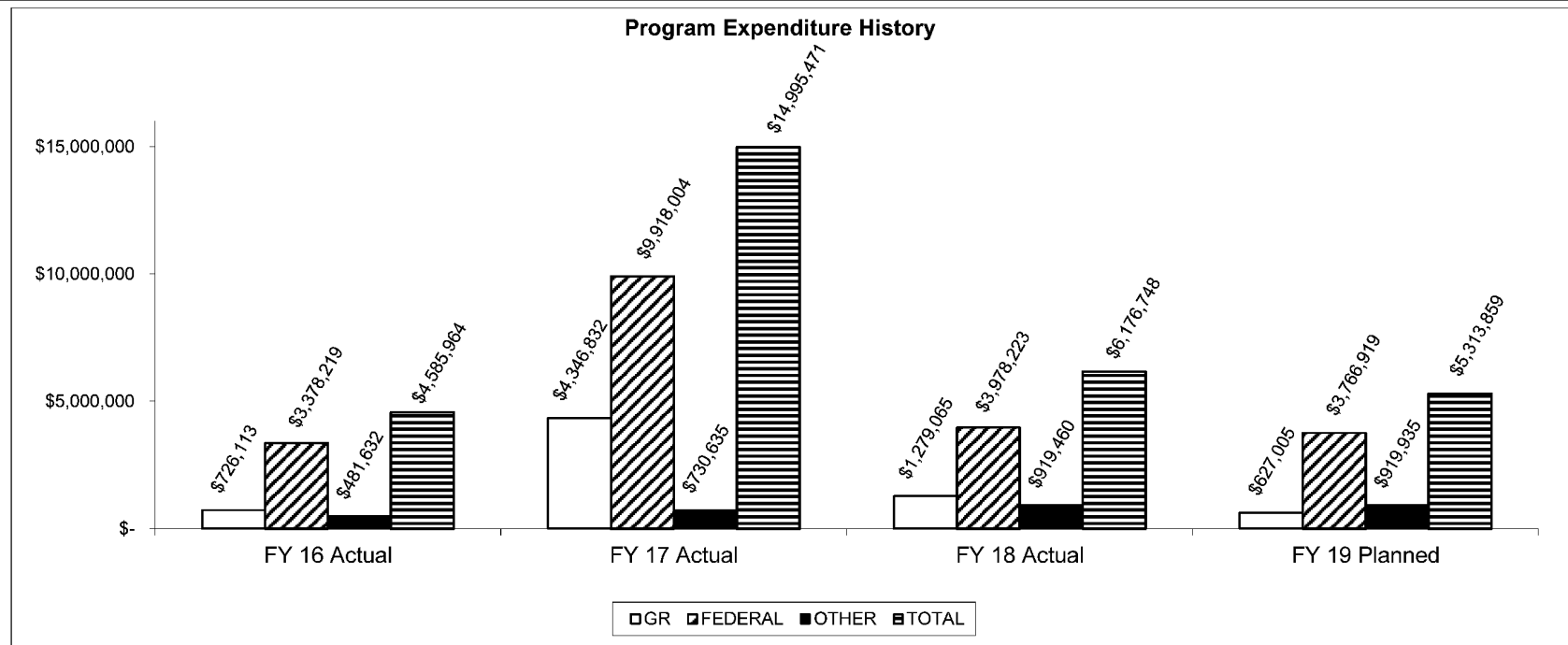


PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Dental Program
 Program is found in the following core budget(s): Dental

HB Section(s): 11.460

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo.; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.460

Program Name: Dental Program

Program is found in the following core budget(s): Dental

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

Premium Payments

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C
HB Section: 11.465

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	87,263,154	176,777,094		264,040,248		PSD				0	
TRF						TRF					
Total	87,263,154	176,777,094	0	264,040,248		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
<i>Est. Fringe</i>	0	0	0	0		<i>Est. Fringe</i>	0	0	0	0	
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>						<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds premium payments for health insurance through the following MO HealthNet programs:

- 1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare; and
 - 2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance
- Payment of these premiums allows for MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers.

3. PROGRAM LISTING (list programs included in this core funding)

Premium Payments Program:
Medicare Part A and Part B Buy-In
Health Insurance Premium Payment (HIPP) Program

CORE DECISION ITEM

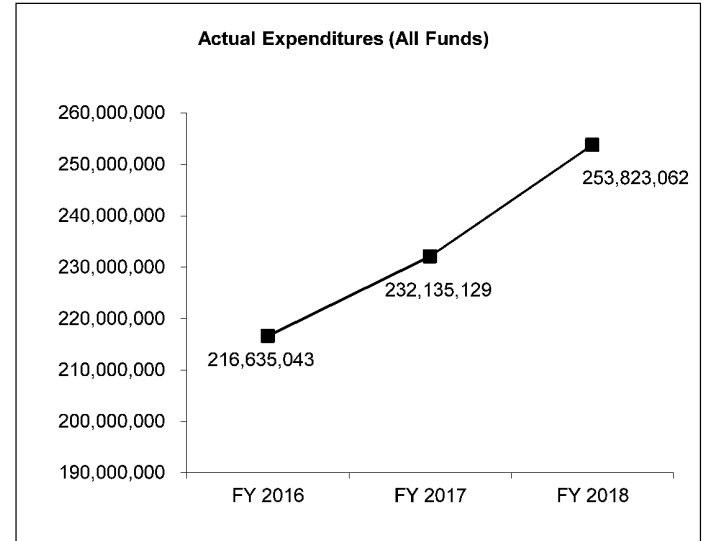
Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.465

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	220,826,138	243,555,400	255,692,821	264,040,248
Less Reverted (All Funds)	(1,120,966)	(2,347,111)	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	219,705,172	241,208,289	255,692,821	264,040,248
Actual Expenditures (All Funds)	216,635,043	232,135,129	253,823,062	N/A
Unexpended (All Funds)	3,070,129	9,073,160	1,869,759	N/A
Unexpended, by Fund:				
General Revenue	72,560	113	325,744	N/A
Federal	2,997,569	9,073,048	1,544,015	N/A
Other	0		0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PREMIUM PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES							
	PD	0.00	87,263,154	176,777,094	0	264,040,248	
	Total	0.00	87,263,154	176,777,094	0	264,040,248	
<hr/>							
DEPARTMENT CORE REQUEST							
	PD	0.00	87,263,154	176,777,094	0	264,040,248	
	Total	0.00	87,263,154	176,777,094	0	264,040,248	
<hr/>							
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	87,263,154	176,777,094	0	264,040,248	
	Total	0.00	87,263,154	176,777,094	0	264,040,248	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PREMIUM PAYMENTS									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	86,251,829	0.00	87,263,154	0.00	87,263,154	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	167,571,233	0.00	176,777,094	0.00	176,777,094	0.00	0	0.00	
TOTAL - PD	253,823,062	0.00	264,040,248	0.00	264,040,248	0.00	0	0.00	
TOTAL	253,823,062	0.00	264,040,248	0.00	264,040,248	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	498,060	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	498,060	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	498,060	0.00	0	0.00	
Medicare Premium Increase - 1886034									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	9,142,886	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	17,802,993	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	26,945,879	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	26,945,879	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	89,719	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	168,116	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	257,835	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	257,835	0.00	0	0.00	
GRAND TOTAL	\$253,823,062	0.00	\$264,040,248	0.00	\$291,742,022	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90547C BUDGET UNIT NAME: Premium Payments HOUSE BILL SECTION: 11.465	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$291,742,022 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$29,174,202 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$291,742,022	% Flex 10%	Flex Amount \$29,174,202	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$291,742,022	% Flex 10%	Flex Amount \$29,174,202	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$26,121,425	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	253,823,062	0.00	264,040,248	0.00	264,040,248	0.00	0	0.00
TOTAL - PD	253,823,062	0.00	264,040,248	0.00	264,040,248	0.00	0	0.00
GRAND TOTAL	\$253,823,062	0.00	\$264,040,248	0.00	\$264,040,248	0.00	\$0	0.00
GENERAL REVENUE	\$86,251,829	0.00	\$87,263,154	0.00	\$87,263,154	0.00		0.00
FEDERAL FUNDS	\$167,571,233	0.00	\$176,777,094	0.00	\$176,777,094	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

1a. What strategic priority does this program address?

Cost avoidance by paying Medicare and Private Insurance Premiums

1b. What does this program do?

The purpose of the Medicare Buy-in Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

Medicare Buy-In Program

Medicare has three sets of basic coverage:

- Part A, which pays for hospitalization costs;
- Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services; and
- Part D which provides coverage of prescription drug costs (see MORx tab for additional information on Part D).

The Medicare Buy-In Program assists “dual eligible”, individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of MO HealthNet benefit, by reducing their out-of-pocket expenses. There are two types of dual eligible—full duals and partial duals. For partial duals, MO HealthNet only funds the Medicare Part A and/or Part B premium; for, full duals MO HealthNet funds the Medicare Part A and/or Part B premium and the participant receives MO HealthNet “wrap-around” benefits. Wrap-around benefits include payments for Medicare coinsurance, Medicare deductibles, and any other service not covered by Medicare. *For more information on dual eligibility categories, see Additional Details.*

Health Insurance Premium Payment (HIPP) Program

States are federally mandated to purchase group health insurance (such as employer-sponsored insurance) for an eligible MO HealthNet participant when it is more cost-effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds (Omnibus Budget Reconciliation Act of 1990). The HIPP program pays for health insurance for MO HealthNet eligible when it is determined to be “cost effective”. “Cost effective” means that it costs less to buy other health insurance to cover medical care than to pay for the same services with MO HealthNet funds. *See additional details for more information on how cost effectiveness is determined.*

Reimbursement Methodology

Medicare and private insurance premiums are paid monthly. Payment is made directly to Medicare for the Medicare Buy-In Program or the private health insurer for the HIPP Program. Any MO HealthNet wrap-around payments (coinsurance, deductibles, or services not covered by Medicare) made on behalf of full dual eligibles is paid out of the applicable fee-for-service lines (Pharmacy, Physicians-Related Services, Hospital, etc.). These wrap-around payments for full dual eligibles are sometimes called “crossover claims.”

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

Rate History

Medicare Part A, Part B, and Qualified Individual Premiums (per month)

	Part A	Part B & QI
CY18	\$422.00	\$134.00
CY17	\$413.00	\$134.00
CY16	\$411.00	\$121.80
CY15	\$407.00	\$104.90
CY14	\$426.00	\$104.90
CY13	\$441.00	\$104.90

Additional Details

HIPP Cost Effectiveness

Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet eligible person in the household. The average cost of each MO HealthNet participant is calculated based on the previous year's MO HealthNet expenditures with like demographic data: age; sex; geographic location (county); type of assistance (MO HealthNet for Families - MAF, Old Age Assistance - OAA, and disabled); and the types of services covered by the group insurance.

Full Dual Beneficiary Categories:

Qualified Medicare Beneficiary (QMB) Plus

- MO HealthNet pays Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- Includes MO HealthNet wrap-around benefits

Specified Low-Income Medicare Beneficiary (SLMB) Plus

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- Includes MO HealthNet wrap-around benefits

Partial Dual Beneficiary Categories:

QMB Only

- MO HealthNet pays both Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- No MO Health Net wrap-around benefits

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

SLMB Only

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- No Medicaid wrap-around benefits

Qualified Individuals (QI)

- MO HealthNet pays only Part B premiums
- Individuals from 120-135% FPL
- Federal Funding 100%
- No MO HealthNet wrap-around benefits

Partial "Undesignated"

Partial duals with income 135% FPL or greater

Can include the following individuals:

- Recipients of supplemental nursing care payments
- SSI recipients
- Individuals on spenddown

MO HealthNet pays only Part B premiums

Individuals receive full MO HealthNet benefits

PROGRAM DESCRIPTION

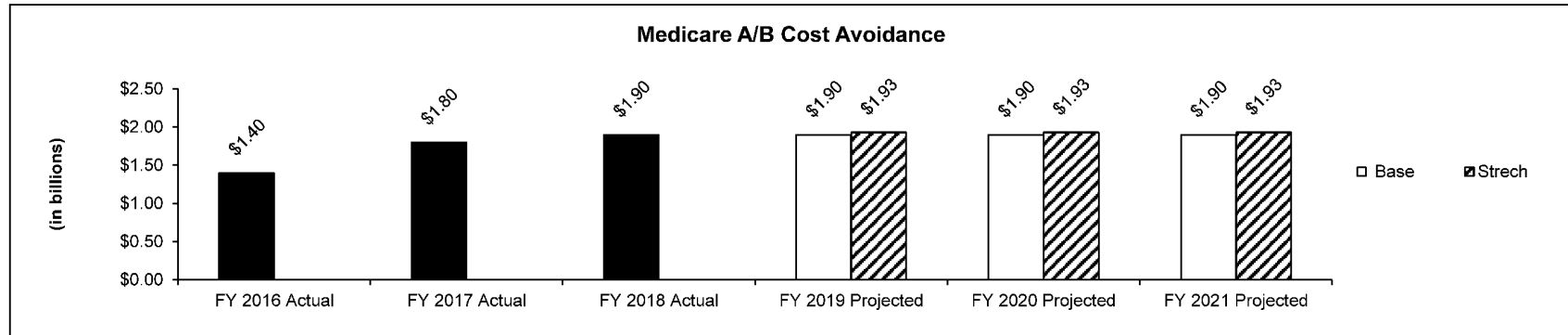
Department: Social Services

HB Section(s): 11.465

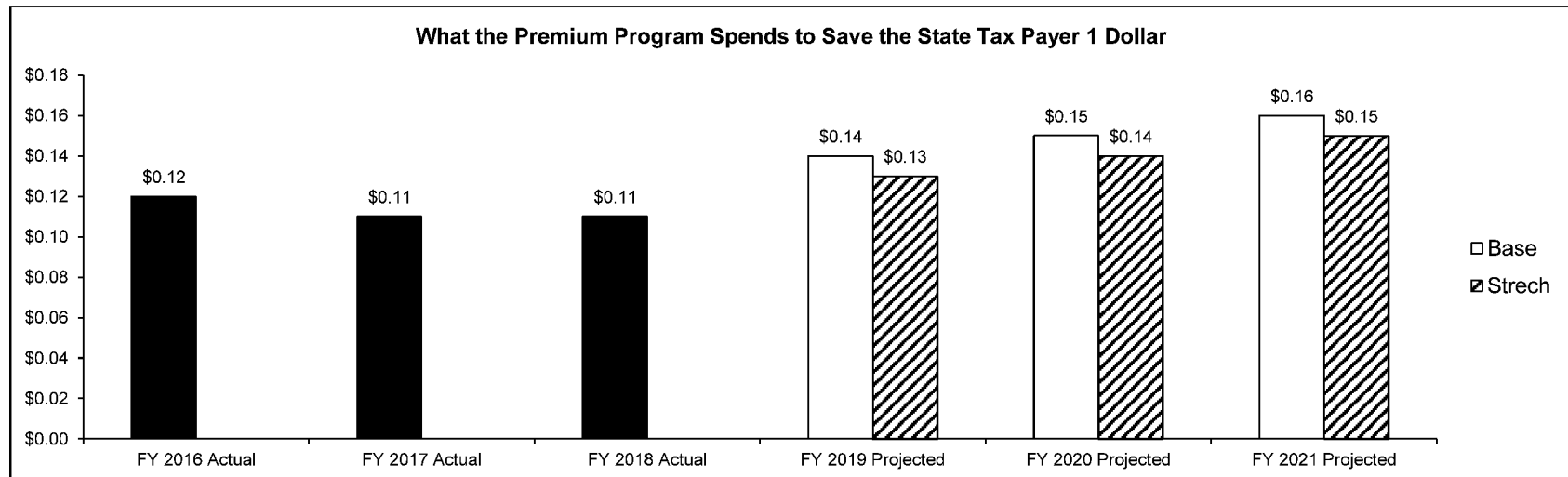
Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality



*higher projected cost is related to anticipated increases in Medicare premiums

PROGRAM DESCRIPTION

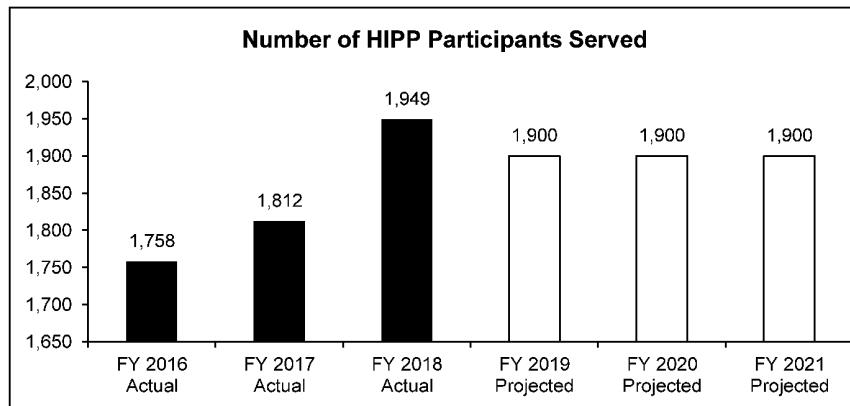
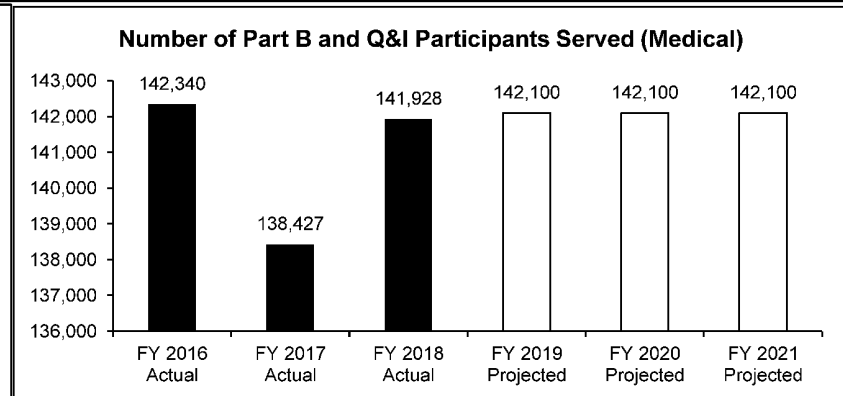
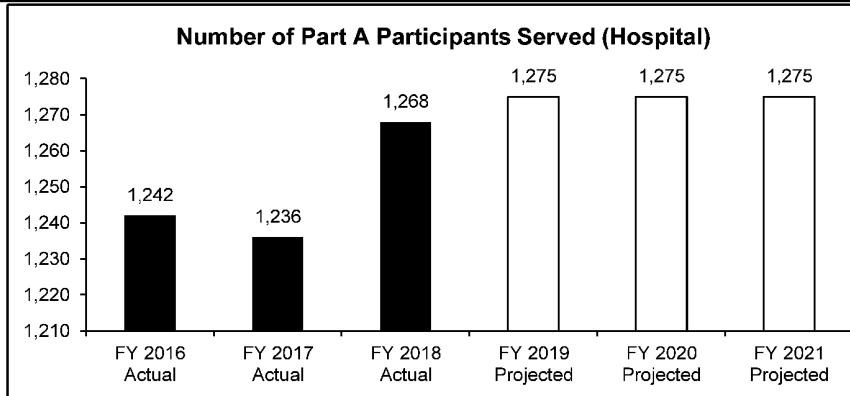
Department: Social Services

HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2c. Provide a measure of the program's impact.



Participants:

Part A (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries.

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO Health Net participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO Health Net funds.

PROGRAM DESCRIPTION

Department: Social Services

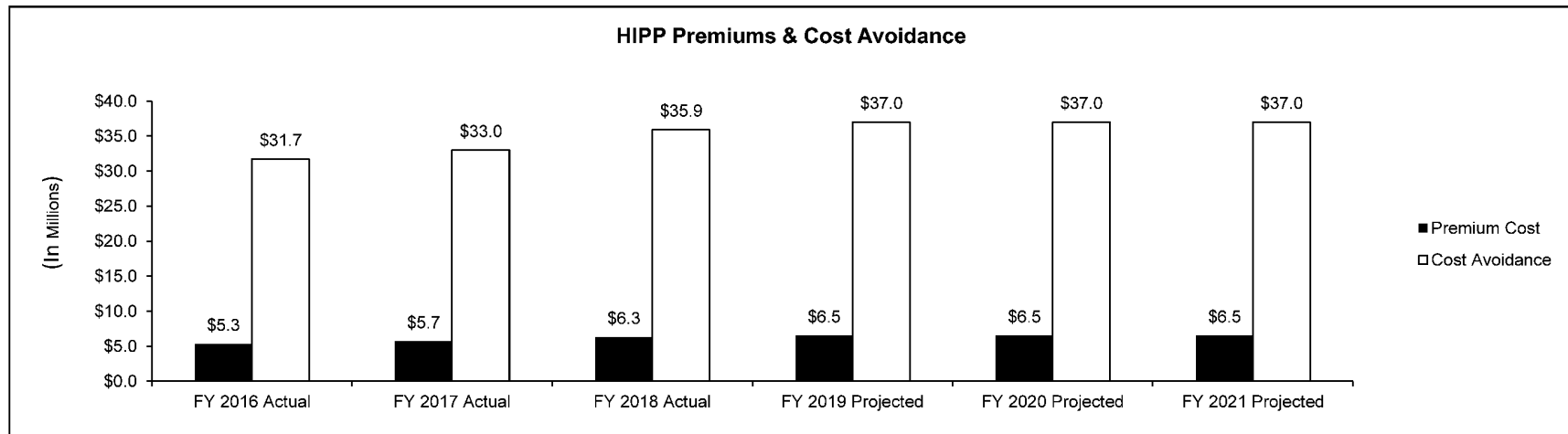
HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2d. Provide a measure of the program's efficiency.

Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for MO Health Net eligible population when it is cost effective to do so. In FY18, the MO Health Net Division paid \$6.3 million for health insurance premiums, coinsurance and deductibles and avoided \$35.9 million in costs.



PROGRAM DESCRIPTION

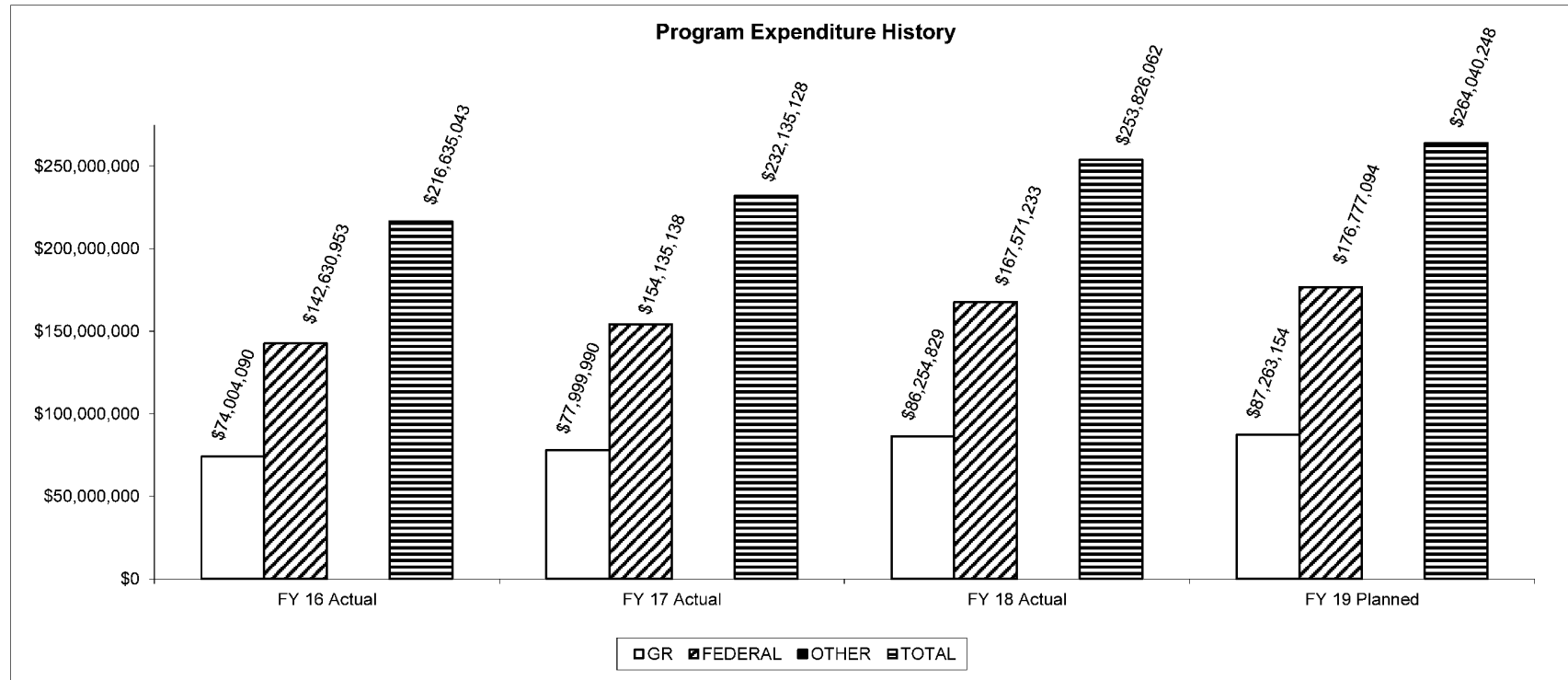
Department: Social Services

HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.153, RSMo.; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.465

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

NEW DECISION ITEM
RANK: 10 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Medicare Premium Increase

DI# 1886034

Budget Unit: 90547C

HB Section: 11.465

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	9,142,886	17,802,993		26,945,879
TRF				
Total	9,142,886	17,802,993	0	26,945,879

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Medicare Part A and Part B premiums are adjusted each January by the federal government. Current premium rates (effective January 2018) are \$413 per month for Part A and \$134 per month for Part B. Part A rates are assumed to increase \$5 and Part B premium rates are assumed to increase \$15 beginning January 2019. This request is for six months of funding for the calendar year 2019 premium increase and six months of funding for the expected premium increase for calendar year 2020.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is Section 208.153, RSMo.

NEW DECISION ITEM
RANK: 10 OF 51

Department: Social Services

Budget Unit: 90547C

Division: MO HealthNet

DI Name: Medicare Premium Increase

DI# 1886034

HB Section:

11.465

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Projected participants are based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is the blended FY19 FMAP of 65.203%. States are only required to pay the federal share for Qualified Individuals (QIs). A QI is an individual with income between 120% and 135% of the federal poverty level with assets of \$6,000 per individual and \$9,000 per couple, indexed each year according to the Consumer Price Index.

Department Request:	Part A	Part B	QI
Eligibles per month (FY18)	1,276	141,695	7,579
Premium Increase (1/18)	\$5.00	\$15.00	\$15.00
Premium Increase (1/19)	\$5.00	\$15.00	\$15.00

Calendar Year 2019 Increase:

Average eligibles per month	1,276	141,695	7,579
Premium increase for 2018	\$5.00	\$15.00	\$15.00
Number of months to increase	6	6	6
Projected increase 7/19 - 6/20	38,280	12,752,550	682,110

Calendar Year 2020 Increase:

Average eligibles per month	1,276	141,695	7,579
Premium increase for 2019	\$5.00	\$15.00	\$15.00
Number of months to increase	6	6	6
Projected increase 1/20 - 6/20	38,280	12,752,550	682,110

Total Projected Increase SFY20	\$76,560	\$25,505,099	\$1,364,220
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	Total	GR	Federal
Part A Request	76,560	27,363	49,197
Part B Request	25,505,099	9,115,523	16,389,576
Part B QI	1,364,220		1,364,220
	\$26,945,879	\$9,142,886	\$17,802,993

QI Federal only

NEW DECISION ITEM
RANK: 10 OF 51

Department: Social Services

Budget Unit: 90547C

Division: MO HealthNet

DI Name: Medicare Premium Increase

DI# 1886034

HB Section:

11.465

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	9,142,886		17,802,993				26,945,879		
Total PSD	9,142,886		17,802,993		0		26,945,879		0
Grand Total	9,142,886	0.0	17,802,993	0.0	0	0.0	26,945,879	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see the Premium section for performance measures.

6b. Provide a measure of the program's quality.

Please see the Premium section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Premium section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Premium section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

The Department is working to develop strategies.

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
Medicare Premium Increase - 1886034								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	26,945,879	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	26,945,879	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$26,945,879	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$9,142,886	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$17,802,993	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00